Effective Jan. 1, 2025

Prescription drug list

Premium 4-Tier

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

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

Visit **welcome.optumrx.com/thppremium4t** 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

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 Premium 4-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 Premium 4-Tier prescription drug list?

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

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

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

Please note: Some plans may require you to pay a deductible for prescription medications before copayments and/or coinsurance apply. Refer to Evidence of Coverage documents 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/thppremium4t** 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/thppremium4t** 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.
CM	**Cancer Mandate** – For plans subject to the cancer mandate, this drug may have a cost share of $0. Please check your benefit document.
DIAB	In accordance with state laws under certain benefit plans; member cost sharing for medications and/or supplies used to treat diabetes may not exceed a certain dollar amount. Check your plan documents.
EPI	**Epinephrine State Mandate** – In accordance with state law under certain benefit plans; a two (2) pack of covered epinephrine auto-injectors or cartridges may be covered once every Plan Year or Calendar Year with no Member Cost Sharing. Check your plan documents.
FM	This medication is only covered if your plan includes an infertility benefit. Check your benefit documents.
HCD	**High Cost Specialty Drugs** – In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs, will not exceed a certain dollar amount. Check your benefit documents.
HSA	**HSA Preventive Drug** – If your plan includes the Preventive Drug Benefit, covered preventive health drugs will not be subject to your plan deductible. Applicable copayment will apply.
LCG	**Low Cost Generics** – Certain medications may be included in the Low Cost Generic program and may be subject to a lower cost share. Check your benefit documents.
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.
WLM	**Weight Loss Medication** – This medication is only covered if your plan includes weight loss medication coverage. Additional restrictions may apply. Check your benefit documents.

DRUG NAME	TIER	LIMITATIONS / *NOTES
Analgesics - Drugs for Pain and Inflammation		
aspirin 81 oral tablet delayed release 81 mg	$0	HSA; ACA
aspirin adult low dose oral tablet delayed release 81 mg	$0	HSA; ACA
aspirin adult low strength oral tablet delayed release 81 mg	$0	HSA; ACA
aspirin childrens oral tablet chewable 81 mg	$0	HSA; ACA
aspirin ec adult low dose oral tablet delayed release 81 mg	$0	HSA; ACA
aspirin ec low dose oral tablet delayed release 81 mg	$0	HSA; ACA
aspirin ec low strength oral tablet delayed release 81 mg	$0	HSA; ACA
aspirin low dose oral tablet chewable 81 mg	$0	HSA; ACA
aspirin low dose oral tablet delayed release 81 mg	$0	HSA; ACA
aspirin oral tablet chewable 81 mg	$0	HSA; ACA
aspirin oral tablet delayed release 81 mg	$0	HSA; ACA
aspirin regimen oral tablet delayed release 81 mg	$0	HSA; ACA
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	2	
DICLOFENAC PATCH EXTERNAL PATCH 1.3 %	3	
diclofenac potassium oral capsule 25 mg	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	2	
diclofenac sodium external solution 1.5 %	2	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	2	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	2	
diflunisal oral tablet 500 mg	2	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	2	
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg, 500 mg	2	
fenoprofen calcium oral capsule 400 mg	4	
FLECTOR EXTERNAL PATCH 1.3 %	3	
flurbiprofen oral tablet 100 mg, 50 mg	2	
ft aspirin low dose oral tablet delayed release 81 mg	$0	HSA; ACA
ft aspirin oral tablet chewable 81 mg	$0	HSA; ACA

DRUG NAME	TIER	LIMITATIONS / *NOTES
ft ibuprofen childrens oral suspension 100 mg/5ml	1	
ft ibuprofen infants oral suspension 50 mg/1.25ml	1	
goodsense aspirin low dose oral tablet delayed release 81 mg	$0	HSA; ACA
goodsense ibuprofen childrens oral suspension 100 mg/5ml	1	
ibuprofen childrens oral suspension 100 mg/5ml	1	
ibuprofen infants oral suspension 50 mg/1.25ml	1	
ibuprofen oral suspension 200 mg/10ml	2	Institutional product not covered.
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	LCG
ibuprofen suspension 100 mg/5ml oral (rx)	2	
ibuprofen suspension 100 mg/5ml oral (rx)	2	Institutional product not covered.
indomethacin er oral capsule extended release 75 mg	2	
indomethacin oral capsule 25 mg, 50 mg	1	LCG
indomethacin oral suspension 25 mg/5ml	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
indomethacin rectal suppository 50 mg	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ketoprofen er oral capsule extended release 24 hour 200 mg	2	
ketoprofen oral capsule 25 mg, 50 mg	2	
ketorolac tromethamine oral tablet 10 mg	2	
meclofenamate sodium oral capsule 100 mg, 50 mg	3	
mefenamic acid oral capsule 250 mg	2	
meloxicam oral tablet 15 mg, 7.5 mg	1	LCG
mm aspirin oral tablet delayed release 81 mg	$0	HSA; ACA
nabumetone oral tablet 500 mg, 750 mg	2	
naproxen dr oral tablet delayed release 500 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
naproxen oral suspension 125 mg/5ml	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	LCG
naproxen oral tablet delayed release 375 mg, 500 mg	2	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	3	
naproxen sodium er oral tablet extended release 24 hour 750 mg	4	
naproxen sodium oral tablet 275 mg, 550 mg	2	
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	3	PA
oxaprozin oral tablet 600 mg	2	
piroxicam oral capsule 10 mg, 20 mg	2	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY	4	QL: Max. quantity of 5 per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
sulindac oral tablet 150 mg, 200 mg	2	
TOLECTIN 600 ORAL TABLET 600 MG	2	
tolmetin sodium oral tablet 600 mg	2	
Analgesics - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	2	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	2	
ALLZITAL ORAL TABLET 25-325 MG	4	
ascomp-codeine oral capsule 50-325-40-30 mg	2	
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	2	
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 75 MCG	4	PA; QL: Max. 2 per day

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg	3	PA; QL: Max. 1 per day
hydromorphone hcl er oral tablet extended release 24 hour 32 mg	3	PA; QL: Max. 2 per day
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	2	
JOURNAVX ORAL TABLET 50 MG	4	QL: Max 30 tabs per 14 days in a 90 day period
levorphanol tartrate oral tablet 2 mg	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
levorphanol tartrate oral tablet 3 mg	4	PA
meperidine hcl oral solution 50 mg/5ml	2	
meperidine hcl oral tablet 50 mg	2	
methadone hcl intensol oral concentrate 10 mg/ml	2	PA; QL: Max. 2 per day
methadone hcl oral concentrate 10 mg/ml	2	PA; QL: Max. 2 per day
methadone hcl oral solution 10 mg/5ml	2	PA; QL: Max. 10mL per day
methadone hcl oral solution 5 mg/5ml	2	PA; QL: Max. 20mL per day
methadone hcl oral tablet 10 mg	2	PA; QL: Max. 2 per day
methadone hcl oral tablet 5 mg	2	PA; QL: Max. 4 per day
morphine sulfate (concentrate) oral solution 100 mg/5ml	2	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	2	PA; QL: Max. 1 per day
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	2	PA; QL: Max. 2 per day
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	2	PA; QL: Max. 90 per 30 days
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	2	
morphine sulfate oral tablet 15 mg, 30 mg	2	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
oxycodone hcl oral capsule 5 mg	2	
oxycodone hcl oral concentrate 100 mg/5ml	2	
oxycodone hcl oral solution 5 mg/5ml	2	

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 18 MG, 27 MG, 36 MG	3	PA; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
Anesthetics		
asperflex max st external patch 4 %	1	
ethyl chloride external aerosol	2	
ft pain relief max strength external patch 4 %	1	
glydo external prefilled syringe 2 %	2	
lidocaine external cream 3 %	2	
lidocaine external ointment 5 %	2	
lidocaine external patch 4 %	1	
lidocaine external patch 5 %	2	PA
lidocaine hcl external solution 4 %	2	
lidocaine hcl urethral/mucosal external gel 2 %	2	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	2	
lidocaine max st 24 hours external patch 4 %	1	
lidocaine pain relief external patch 4 %	1	
lidocaine pain relief max st external patch 4 %	1	
lidocaine pain relieving external patch 4 %	1	
lidocaine-prilocaine external cream 2.5-2.5 %	2	
pain relief max str external patch 4 %	1	
pain relief maximum strength external patch 4 %	1	
pain relieving lidocaine external patch 4 %	1	
THERACARE PAIN RELIEF EXTERNAL PATCH 4 %	1	
welmate lidocaine pain reliev external patch 4 %	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium oral tablet delayed release 333 mg	2	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	2	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	2	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	2	
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	$0	HSA; ACA
disulfiram oral tablet 250 mg, 500 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
ft naloxone hcl nasal liquid 4 mg/0.1ml	$0	QL: Max. 1 box (2 sprays) in 15 days
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	$0	HSA; ACA
ft nicotine mouth/throat gum 2 mg, 4 mg	$0	HSA; ACA
ft nicotine mouth/throat lozenge 2 mg, 4 mg	$0	HSA; ACA
ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0	HSA; ACA
goodsense nicotine mouth/throat gum 2 mg, 4 mg	$0	HSA; ACA
goodsense nicotine mouth/throat lozenge 4 mg	$0	HSA; ACA
goodsense nicotine policrilex mouth/throat gum 4 mg	$0	HSA; ACA
habitrol transdermal patch 24 hour 21 mg/24hr	$0	HSA; ACA
KLOXXADO NASAL LIQUID 8 MG/0.1ML	MD	QL: Max. 1 box (2 sprays) in 15 days
lofexidine hcl oral tablet 0.18 mg	4	QL: Max 224 per fill. Max of 14 days supply per fill.; ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
LUCEMYRA ORAL TABLET 0.18 MG	4	QL: Max 224 per fill. Max of 14 days supply per fill.; ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	MD	
naloxone hcl injection solution cartridge 0.4 mg/ml	MD	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	MD	
naloxone hcl liquid 4 mg/0.1ml nasal (otc)	$0	QL: Max. 1 box (2 sprays) in 15 days
naloxone hcl liquid 4 mg/0.1ml nasal (otc)	MD	QL: Max. 1 box (2 sprays) in 15 days
naltrexone hcl oral tablet 50 mg	2	
nicotine mini mouth/throat lozenge 2 mg, 4 mg	$0	HSA; ACA
nicotine polacrilex mini mouth/throat lozenge 2 mg	$0	HSA; ACA
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	HSA; ACA
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0	HSA; ACA
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	$0	HSA; ACA
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	$0	HSA; ACA
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	$0	HSA; ACA
nicotine transdermal kit 21-14-7 mg/24hr	$0	HSA; ACA

DRUG NAME	TIER	LIMITATIONS / *NOTES
nicotine transdermal patch 24 hour 21 mg/24hr	$0	HSA; ACA
NICOTROL NS NASAL SOLUTION 10 MG/ML	$0	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; ACA; HCD
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	4	QL: Maximum of 2 sprays per fill
REXTOVY NASAL LIQUID 4 MG/0.25ML	MD	QL: 1 box per 15 days; Max 2 boxes per 30 days.
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	$0	HSA; ACA
varenicline tartrate oral tablet 0.5 mg	$0	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; ACA; HCD
varenicline tartrate oral tablet 1 mg	$0	HSA; ACA
varenicline tartrate(continue) oral tablet 1 mg	$0	HSA; ACA
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	4	PA
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 8.6-2.1 MG	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
Antibacterials		
amoxicillin oral capsule 250 mg, 500 mg	1	LCG
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	LCG
amoxicillin oral tablet 500 mg, 875 mg	1	LCG
amoxicillin oral tablet chewable 125 mg, 250 mg	2	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	2	
ampicillin oral capsule 500 mg	2	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AVIDOXY ORAL TABLET 100 MG	2	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	2	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	2	
BAXDELA ORAL TABLET 450 MG	3	
cefaclor er oral tablet extended release 12 hour 500 mg	2	
cefaclor oral capsule 250 mg, 500 mg	2	
cefaclor oral suspension reconstituted 250 mg/5ml	2	
cefadroxil oral capsule 500 mg	2	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	2	
cefadroxil oral tablet 1 gm	2	
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cefixime oral capsule 400 mg	2	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	2	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	2	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	2	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cefprozil oral tablet 250 mg, 500 mg	2	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	2	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cephalexin oral tablet 250 mg, 500 mg	2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	2	
clarithromycin er oral tablet extended release 24 hour 500 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
clarithromycin oral tablet 250 mg, 500 mg	2	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	2	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	2	
clindamycin phosphate vaginal cream 2 %	2	
CLINDESSE VAGINAL CREAM 2 %	4	
demeclocycline hcl oral tablet 150 mg, 300 mg	2	
dicloxacillin sodium oral capsule 250 mg, 500 mg	2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	3	PA; QL: Max. 136 ml per 10 days
DIFICID ORAL TABLET 200 MG	3	PA; QL: Max. 20 per 10 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline hyclate oral tablet 150 mg, 75 mg	3	
doxycycline hyclate oral tablet 50 mg	3	QL: Max. 2 per day
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg	3	
doxycycline hyclate oral tablet delayed release 200 mg, 50 mg	4	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	2	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	2	
erythromycin base oral capsule delayed release particles 250 mg	2	
erythromycin base oral tablet 250 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
erythromycin base oral tablet 500 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	2	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	2	
fidaxomicin oral tablet 200 mg	3	PA; QL: Max. 20 per 10 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
fosfomycin tromethamine oral packet 3 gm	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
gentamicin sulfate external cream 0.1 %	2	
gentamicin sulfate external ointment 0.1 %	2	
levofloxacin oral solution 25 mg/ml	2	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	2	
linezolid oral suspension reconstituted 100 mg/5ml	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
linezolid oral tablet 600 mg	2	
methenamine hippurate oral tablet 1 gm	2	
metronidazole oral capsule 375 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
metronidazole oral tablet 250 mg, 500 mg	1	LCG
metronidazole vaginal gel 0.75 %	2	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	2	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	2	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	2	
MONDOXYNE NL ORAL CAPSULE 100 MG	2	
moxifloxacin hcl oral tablet 400 mg	2	
mupirocin calcium external cream 2 %	2	
mupirocin external ointment 2 %	2	
neomycin sulfate oral tablet 500 mg	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	2	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	2	
nitrofurantoin oral suspension 25 mg/5ml	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
NUVESSA VAGINAL GEL 1.3 %	4	
NUZYRA ORAL TABLET 150 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ofloxacin oral tablet 300 mg, 400 mg	2	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	2	
penicillin v potassium oral tablet 250 mg, 500 mg	1	LCG
silver nitrate external solution 0.5 %	2	
silver sulfadiazine external cream 1 %	2	
SIVEXTRO ORAL TABLET 200 MG	4	QL: 6 tablets per 30 days
SOLOSEC ORAL PACKET 2 GM	4	QL: Max. quantity of 1 per fill
ssd external cream 1 %	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
sulfadiazine oral tablet 500 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	LCG
SULFAMYLON EXTERNAL CREAM 85 MG/GM	4	
sulfatrim pediatric oral suspension 200-40 mg/5ml	2	
tetracycline hcl oral capsule 250 mg, 500 mg	2	
tinidazole oral tablet 250 mg, 500 mg	2	
trimethoprim oral tablet 100 mg	2	
vancomycin hcl oral capsule 125 mg, 250 mg	2	
vancomycin hcl oral solution reconstituted 25 mg/ml	3	QL: Max 300 mL per 10 days
vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml	3	QL: Maximum quantity of 300 per 10 days
XIFAXAN ORAL TABLET 200 MG	4	PA; QL: Max Daily Dose of 0.3
XIFAXAN ORAL TABLET 550 MG	3	PA; QL: Max Daily Dose of 2; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
Anticoagulants		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	4	HSA
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	3	HSA
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	3	HSA
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	HSA
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	3	HSA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	HSA
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	3	HSA
enoxaparin sodium injection solution 300 mg/3ml	2	This drug is not available through home delivery; HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	2	This drug is not available through home delivery; HSA
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	3	This drug is not available through home delivery; HSA
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	3	HSA
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	3	This drug is not available through home delivery; HSA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	3	This drug is not available through home delivery; HSA
heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	HSA
heparin sodium (porcine) pf injection solution 5000 unit/ml	2	HSA
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	2	HSA
rivaroxaban oral suspension reconstituted 1 mg/ml	3	HSA
rivaroxaban oral tablet 2.5 mg	3	HSA
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	4	HSA
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	2	HSA
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	HSA
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	HSA
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
Anticonvulsants - Drugs for Seizures		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
BRIVIACT ORAL SOLUTION 10 MG/ML	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
BRIVIACT ORAL TABLET 10 MG, 25 MG	4	
BRIVIACT ORAL TABLET 100 MG, 50 MG, 75 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	2	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	2	
carbamazepine oral suspension 100 mg/5ml	2	
carbamazepine oral tablet 200 mg	2	
carbamazepine oral tablet chewable 100 mg	2	
clobazam oral suspension 2.5 mg/ml	2	
clobazam oral tablet 10 mg, 20 mg	2	
diazepam rectal gel 10 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
diazepam rectal gel 2.5 mg, 20 mg	2	
DILANTIN ORAL CAPSULE 30 MG	3	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ethosuximide oral capsule 250 mg	2	
ethosuximide oral solution 250 mg/5ml	2	
felbamate oral suspension 600 mg/5ml	2	
felbamate oral tablet 400 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
felbamate oral tablet 600 mg	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	LCG
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
lacosamide oral solution 10 mg/ml, 50 mg/5ml	3	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 300 mg, 50 mg	2	
lamotrigine er oral tablet extended release 24 hour 250 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 42 x 50 mg & 14x100 mg	4	
lamotrigine oral kit 25 & 50 & 100 mg	2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	LCG
lamotrigine oral tablet chewable 25 mg, 5 mg	2	
lamotrigine oral tablet dispersible 100 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
lamotrigine oral tablet dispersible 200 mg, 25 mg, 50 mg	2	
lamotrigine starter kit-blue oral kit 35 x 25 mg	2	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	2	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	2	
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	2	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	2	
methsuximide oral capsule 300 mg	3	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	PA; QL: Maximum 10 doses per 30 days.; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

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

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

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	2	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	2	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	2	
galantamine hydrobromide oral solution 4 mg/ml	2	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	2	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	2	
memantine hcl oral solution 2 mg/ml	2	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	2	
memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	2	
Antidepressants		
amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg	1	PA: Prior Authorization required for members 12 and younger; HSA; LCG
amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg	2	PA: Prior Authorization required for members 12 and younger; HSA
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	2	PA: Prior Authorization required for members 12 and younger; HSA
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	2	PA; HSA
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	PA: Prior Authorization required for members 12 and younger; HSA

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

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	HSA
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	2	ST; HSA
ZURZUVAE ORAL CAPSULE 20 MG	4	PA; QL: Max 2 per day; HSA
ZURZUVAE ORAL CAPSULE 25 MG	4	PA; QL: Max 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; QL: Max 1 per day; HSA
Antiemetics - Drugs for Nausea and Vomiting		
ANZEMET ORAL TABLET 50 MG	4	
aprepitant oral capsule 125 mg	3	QL: 4 capsules per 28 days
aprepitant oral capsule 40 mg	3	QL: 1 capsule per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
aprepitant oral capsule 80 & 125 mg	3	QL: 12 capsules per 28 days
aprepitant oral capsule 80 mg	3	QL: 8 capsules per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
COMPRO RECTAL SUPPOSITORY 25 MG	2	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	2	PA
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	2	
granisetron hcl oral tablet 1 mg	2	
meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	LCG
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	LCG
metoclopramide hcl oral tablet dispersible 5 mg	2	
ondansetron hcl oral solution 4 mg/5ml	2	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	2	
ondansetron odt oral tablet dispersible 16 mg, 4 mg, 8 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	
prochlorperazine rectal suppository 25 mg	2	
promethazine hcl oral solution 6.25 mg/5ml	2	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	LCG
promethazine hcl rectal suppository 12.5 mg, 25 mg	2	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	2	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	4	QL: 4 patches per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
scopolamine transdermal patch 72 hour 1 mg/3days	2	QL: 10 patches per 30 days
SYNDROS ORAL SOLUTION 5 MG/ML	4	
trimethobenzamide hcl oral capsule 300 mg	2	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	4	QL: 8 tablets per 28 days
Antifungals		
antifungal (clotrimazole) external cream 1 %	1	
antifungal external cream 2 %	1	
antifungal maximum strength external solution 1 %	1	
athletes foot (clotrimazole) external cream 1 %	1	
athletes foot external cream 1 %	1	
ciclodan external solution 8 %	2	
ciclopirox external gel 0.77 %	2	
ciclopirox external shampoo 1 %	2	
ciclopirox external solution 8 %	2	
ciclopirox olamine external cream 0.77 %	2	
ciclopirox olamine external suspension 0.77 %	2	
clotrimazole 3 vaginal cream 2 %	1	
clotrimazole anti-fungal external cream 1 %	1	
clotrimazole athletes foot external cream 1 %	1	
clotrimazole cream 1 % external (otc)	1	
clotrimazole cream 1 % external (rx)	2	
clotrimazole external solution 1 %	2	
clotrimazole mouth/throat troche 10 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
clotrimazole vaginal cream 1 %	1	
clotrimazole-betamethasone external cream 1-0.05 %	2	
clotrimazole-betamethasone external lotion 1-0.05 %	2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	4	PA
cvs clotrimazole 3 vaginal cream 2 %	1	
econazole nitrate external cream 1 %	2	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
flucytosine oral capsule 250 mg, 500 mg	2	
ft 7 day vaginal vaginal cream 1 %	1	
ft antifungal external cream 1 %, 2 %	1	
ft athletes foot (clotrimaz) external cream 1 %	1	
ft clotrimazole 3 vaginal cream 2 %	1	
ft clotrimazole vaginal cream 1 %	1	
ft miconazole 7 vaginal cream 2 %	1	
fungal nail eraser external solution 1 %	1	
goodsense athletes foot external cream 1 %	1	
griseofulvin microsize oral suspension 125 mg/5ml	3	
griseofulvin microsize oral tablet 500 mg	3	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	3	
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
itraconazole oral capsule 100 mg	2	
itraconazole oral solution 10 mg/ml	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ketoconazole external cream 2 %	2	
ketoconazole external foam 2 %	2	
ketoconazole external shampoo 2 %	2	
ketoconazole oral tablet 200 mg	2	
ketodan external foam 2 %	2	
klayesta external powder 100000 unit/gm	2	
micaderm external cream 2 %	1	
miconazole 3 vaginal suppository 200 mg	2	
miconazole 7 vaginal cream 2 %	1	
miconazole nitrate external cream 2 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
naftifine hcl external cream 1 %, 2 %	2	
naftifine hcl external gel 2 %	3	
nyamyc external powder 100000 unit/gm	2	
nystatin external cream 100000 unit/gm	2	
nystatin external ointment 100000 unit/gm	2	
nystatin external powder 100000 unit/gm	2	
nystatin mouth/throat suspension 100000 unit/ml	2	
nystatin oral tablet 500000 unit	2	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	
nystop external powder 100000 unit/gm	2	
ORAVIG BUCCAL TABLET 50 MG	4	
oxiconazole nitrate external cream 1 %	2	
OXISTAT EXTERNAL LOTION 1 %	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
posaconazole oral suspension 40 mg/ml	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
posaconazole oral tablet delayed release 100 mg	3	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
terbinafine hcl oral tablet 250 mg	1	LCG
terconazole vaginal cream 0.4 %, 0.8 %	2	
terconazole vaginal suppository 80 mg	2	
tolnaftate antifungal external cream 1 %	1	
tolnaftate external cream 1 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
voriconazole oral suspension reconstituted 40 mg/ml	2	
voriconazole oral tablet 200 mg, 50 mg	2	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	LCG
colchicine oral capsule 0.6 mg	2	
colchicine oral tablet 0.6 mg	2	
colchicine-probenecid oral tablet 0.5-500 mg	2	
febuxostat oral tablet 40 mg, 80 mg	2	ST
probenecid oral tablet 500 mg	2	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL: Max. 1 syringe per 30 day(s); This drug is not available through home delivery
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	4	PA; QL: Max. 1 syringe per 30 day(s); This drug is not available through home delivery
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	4	PA; QL: Max. 1 syringe per 30 day(s); This drug is not available through home delivery
almotriptan malate oral tablet 12.5 mg, 6.25 mg	3	QL: 18 tablets per 30 days
dihydroergotamine mesylate injection solution 1 mg/ml	3	
dihydroergotamine mesylate nasal solution 4 mg/ml	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
eletriptan hydrobromide oral tablet 20 mg, 40 mg	2	QL: 18 tablets per 30 days
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL: Max 1 pen per 30 day(s); This drug is not available through home delivery
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL: Max. 3 pens per 30 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL: Max 1 pen per 30 day(s); This drug is not available through home delivery
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
ergotamine-caffeine oral tablet 1-100 mg	2	
frovatriptan succinate oral tablet 2.5 mg	3	QL: 18 tablets per 30 days
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
naratriptan hcl oral tablet 1 mg, 2.5 mg	2	QL: 18 tablets per 30 days
NURTEC ORAL TABLET DISPERSIBLE 75 MG	3	PA; QL: 16 tablets/30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
rizatriptan benzoate oral tablet 10 mg, 5 mg	2	QL: 18 tablets per 30 days
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	2	QL: 18 tablets per 30 days
sumatriptan nasal solution 20 mg/act, 5 mg/act	2	QL: 12 nasal sprays per 30 days
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	2	QL: 18 tablets per 30 days
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	3	QL: 12 vials (6 mL) per 30 days
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	3	QL: 12 pens (6 mL) per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
UBRELVY ORAL TABLET 100 MG	3	PA; QL: 16 tablets per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
UBRELVY ORAL TABLET 50 MG	3	PA; QL: 18 tablets per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	4	QL: 12 nasal sprays per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
zolmitriptan nasal solution 5 mg	4	QL: 12 nasal sprays per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
zolmitriptan oral tablet 2.5 mg, 5 mg	2	QL: 18 tablets per 30 days
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	2	QL: 18 tablets per 30 days
ZOMIG NASAL SOLUTION 2.5 MG	4	QL: 12 nasal sprays per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
Antimyasthenic Agents		
pyridostigmine bromide er oral tablet extended release 180 mg	2	
pyridostigmine bromide oral solution 60 mg/5ml	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
pyridostigmine bromide oral tablet 30 mg, 60 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
Antimycobacterials		
cycloserine oral capsule 250 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
dapsone oral tablet 100 mg, 25 mg	2	
ethambutol hcl oral tablet 100 mg, 400 mg	2	
isoniazid oral syrup 50 mg/5ml	2	
isoniazid oral tablet 100 mg, 300 mg	1	LCG
PRIFTIN ORAL TABLET 150 MG	4	
pyrazinamide oral tablet 500 mg	2	
rifabutin oral capsule 150 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
rifampin oral capsule 150 mg, 300 mg	2	
SIRTURO ORAL TABLET 100 MG	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
SIRTURO ORAL TABLET 20 MG	4	PA
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg, 500 mg	3	SPP; PA; This drug is not available through home delivery; CM
abirtega oral tablet 250 mg	3	SPP; PA; This drug is not available through home delivery; CM
ALECENSA ORAL CAPSULE 150 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
ALUNBRIG ORAL TABLET 180 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
ALUNBRIG ORAL TABLET 30 MG, 90 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
anastrozole oral tablet 1 mg	2	HSA; ACA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	4	SPP; PA; CM
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	4	PA; QL; CM
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
AYVAKIT ORAL TABLET 25 MG, 50 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
bexarotene external gel 1 %	4	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
bexarotene oral capsule 75 mg	2	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
bicalutamide oral tablet 50 mg	2	This drug is not available through home delivery; CM
BOSULIF ORAL CAPSULE 100 MG, 50 MG	4	SPP; PA; CM
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
BRAFTOVI ORAL CAPSULE 75 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
BRUKINSA ORAL CAPSULE 80 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
BRUKINSA ORAL TABLET 160 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
CALQUENCE ORAL TABLET 100 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
capecitabine oral tablet 150 mg, 500 mg	2	SPP; This drug is not available through home delivery; CM
CAPRELSA ORAL TABLET 100 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
CAPRELSA ORAL TABLET 300 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	4	SPP; PA; This drug is not available through home delivery; CM
COPIKTRA ORAL CAPSULE 15 MG	4	SPP; PA; This drug is not available through home delivery; CM
COPIKTRA ORAL CAPSULE 25 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
COTELLIC ORAL TABLET 20 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
cyclophosphamide oral capsule 25 mg, 50 mg	3	This drug is not available through home delivery; CM
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	3	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
DAURISMO ORAL TABLET 100 MG, 25 MG	4	SPP; PA; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	4	PA; QL: Maximum of 30 days supply per fill
ERIVEDGE ORAL CAPSULE 150 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
ERLEADA ORAL TABLET 240 MG	4	SPP; PA; QL: Max: 1 tablet per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ERLEADA ORAL TABLET 60 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	3	SPP; This drug is not available through home delivery; CM
etoposide oral capsule 50 mg	2	SPP; This drug is not available through home delivery; CM
EULEXIN ORAL CAPSULE 125 MG	4	PA; CM
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	3	SPP; PA; This drug is not available through home delivery; CM
exemestane oral tablet 25 mg	2	HSA; ACA

DRUG NAME	TIER	LIMITATIONS / *NOTES
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
GAVRETO ORAL CAPSULE 100 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
gefitinib oral tablet 250 mg	4	SPP; This drug is not available through home delivery; CM
GILOTRIF ORAL TABLET 20 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
GILOTRIF ORAL TABLET 30 MG, 40 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
GLEOSTINE ORAL CAPSULE 10 MG	4	SPP; This drug is not available through home delivery; CM
GLEOSTINE ORAL CAPSULE 100 MG	3	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
GLEOSTINE ORAL CAPSULE 40 MG	4	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	4	PA; QL: Maximum of 30 days supply per fill
GOMEKLI ORAL TABLET SOLUBLE 1 MG	4	PA; QL: Maximum of 30 days supply per fill
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	SPP; This drug is not available through home delivery; CM
hydroxyurea oral capsule 500 mg	2	CM
IBRANCE ORAL CAPSULE 100 MG, 125 MG	4	SPP; PA; This drug is not available through home delivery; CM
IBRANCE ORAL CAPSULE 75 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
IBTROZI ORAL CAPSULE 200 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
ICLUSIG ORAL TABLET 10 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
ICLUSIG ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
IDHIFA ORAL TABLET 100 MG, 50 MG	3	SPP; PA; This drug is not available through home delivery; CM
imatinib mesylate oral tablet 100 mg	3	SPP; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
imatinib mesylate oral tablet 400 mg	3	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
IMBRUVICA ORAL CAPSULE 140 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
IMBRUVICA ORAL CAPSULE 70 MG	4	SPP; PA; This drug is not available through home delivery; CM
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	SPP; PA; This drug is not available through home delivery; CM
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
INLYTA ORAL TABLET 1 MG, 5 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
INQOVI ORAL TABLET 35-100 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
INREBIC ORAL CAPSULE 100 MG	4	SPP; PA; This drug is not available through home delivery; CM
ITOVEBI ORAL TABLET 3 MG, 9 MG	4	SPP; PA; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
JAKAFI ORAL TABLET 25 MG	4	SPP; PA; This drug is not available through home delivery; CM
JAYPIRCA ORAL TABLET 100 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
JAYPIRCA ORAL TABLET 50 MG	4	SPP; PA; CM
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
KRAZATI ORAL TABLET 200 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
lapatinib ditosylate oral tablet 250 mg	3	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
LAZCLUZE ORAL TABLET 240 MG, 80 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
letrozole oral tablet 2.5 mg	2	HSA; CM
leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg	2	
leucovorin calcium oral tablet 25 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
LEUKERAN ORAL TABLET 2 MG	3	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
LORBRENA ORAL TABLET 100 MG, 25 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
LUMAKRAS ORAL TABLET 120 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
LUMAKRAS ORAL TABLET 240 MG, 320 MG	4	SPP; PA; CM
LYNPARZA ORAL TABLET 100 MG, 150 MG	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
LYSODREN ORAL TABLET 500 MG	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	4	PA; CM
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	4	PA; CM
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
MATULANE ORAL CAPSULE 50 MG	3	QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	4	SPP; PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
MEKTOVI ORAL TABLET 15 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
mercaptopurine oral suspension 2000 mg/100ml	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
mercaptopurine oral tablet 50 mg	2	CM
mesna oral tablet 400 mg	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
MESNEX ORAL TABLET 400 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
MYLERAN ORAL TABLET 2 MG	3	CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
NERLYNX ORAL TABLET 40 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
nilotinib hcl oral capsule 150 mg, 200 mg	3	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
nilotinib hcl oral capsule 50 mg	3	SPP; This drug is not available through home delivery; CM
nilutamide oral tablet 150 mg	2	CM
NINLARO ORAL CAPSULE 2.3 MG	4	SPP; PA; This drug is not available through home delivery; CM
NINLARO ORAL CAPSULE 3 MG, 4 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
NUBEQA ORAL TABLET 300 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
ODOMZO ORAL CAPSULE 200 MG	4	SPP; PA; This drug is not available through home delivery; CM
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
OGSIVEO ORAL TABLET 50 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	4	PA; QL: Maximum of 30 days supply per fill; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
OJEMDA ORAL TABLET 100 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
OJJAARA ORAL TABLET 100 MG, 150 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
OJJAARA ORAL TABLET 200 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
ONUREG ORAL TABLET 200 MG, 300 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
ORGOVYX ORAL TABLET 120 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
ORSERDU ORAL TABLET 345 MG, 86 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
PANRETIN EXTERNAL GEL 0.1 %	4	
pazopanib hcl oral tablet 200 mg	4	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
PURIXAN ORAL SUSPENSION 2000 MG/100ML	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
QINLOCK ORAL TABLET 50 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	4	SPP; PA; CM
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
REZLIDHIA ORAL CAPSULE 150 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	4	PA; QL: Maximum of 30 days supply per fill
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	SPP; PA; This drug is not available through home delivery; CM
ROZLYTREK ORAL PACKET 50 MG	4	SPP; PA; CM
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	3	SPP; PA; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
RYDAPT ORAL CAPSULE 25 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL: 30 day supply max; CM
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; ACA; HCD
sorafenib tosylate oral tablet 200 mg	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	3	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
STIVARGA ORAL TABLET 40 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	3	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
TABLOID ORAL TABLET 40 MG	3	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
TABRECTA ORAL TABLET 150 MG	4	SPP; PA; This drug is not available through home delivery; CM
TABRECTA ORAL TABLET 200 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
TAFINLAR ORAL CAPSULE 50 MG	4	SPP; PA; This drug is not available through home delivery; CM
TAFINLAR ORAL CAPSULE 75 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
TAFINLAR ORAL TABLET SOLUBLE 10 MG	4	SPP; PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	SPP; PA; CM
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	SPP; PA; This drug is not available through home delivery; CM
tamoxifen citrate oral tablet 10 mg, 20 mg	2	HSA; ACA

DRUG NAME	TIER	LIMITATIONS / *NOTES
TASIGNA ORAL CAPSULE 150 MG, 200 MG	3	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
TASIGNA ORAL CAPSULE 50 MG	3	SPP; This drug is not available through home delivery; CM
TAZVERIK ORAL TABLET 200 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
temozolomide oral capsule 100 mg, 140 mg	2	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg	2	SPP; This drug is not available through home delivery; CM
TEPMETKO ORAL TABLET 225 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
TIBSOVO ORAL TABLET 250 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
toremifene citrate oral tablet 60 mg	3	HSA; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
tretinoin oral capsule 10 mg	2	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
TRUQAP ORAL TABLET 200 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
TURALIO ORAL CAPSULE 125 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
VALCHLOR EXTERNAL GEL 0.016 %	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
VANFLYTA ORAL TABLET 17.7 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
VANFLYTA ORAL TABLET 26.5 MG	4	PA; QL: Maximum of 30 days supply per fill
VENCLEXTA ORAL TABLET 10 MG	4	SPP; PA; This drug is not available through home delivery; CM
VENCLEXTA ORAL TABLET 100 MG, 50 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
VERZENIO ORAL TABLET 100 MG, 150 MG, 50 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
VERZENIO ORAL TABLET 200 MG	4	SPP; PA; This drug is not available through home delivery; CM
VIJOICE ORAL PACKET 50 MG	4	SPP; PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG	4	SPP; PA; This drug is not available through home delivery
VIJOICE ORAL TABLET THERAPY PACK 50 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
VIZIMPRO ORAL TABLET 15 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
VIZIMPRO ORAL TABLET 30 MG, 45 MG	4	SPP; PA; This drug is not available through home delivery; CM
VONJO ORAL CAPSULE 100 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
VORANIGO ORAL TABLET 10 MG, 40 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
WELIREG ORAL TABLET 40 MG	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	4	SPP; PA; CM
XOSPATA ORAL TABLET 40 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	4	PA; QL: Maximum of 30 days supply per fill
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
XTANDI ORAL CAPSULE 40 MG	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
XTANDI ORAL TABLET 40 MG, 80 MG	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
YONSA ORAL TABLET 125 MG	4	SPP; PA; CM
ZEJULA ORAL TABLET 100 MG, 200 MG	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
ZEJULA ORAL TABLET 300 MG	3	SPP; PA; CM
ZELBORAF ORAL TABLET 240 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
ZOLINZA ORAL CAPSULE 100 MG	4	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	SPP; PA; This drug is not available through home delivery; CM
ZYKADIA ORAL TABLET 150 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; CM; HCD
Antiparasitics		
albendazole oral tablet 200 mg	2	
atovaquone oral suspension 750 mg/5ml	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	2	HSA
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	4	
chloroquine phosphate oral tablet 250 mg, 500 mg	2	HSA
COARTEM ORAL TABLET 20-120 MG	4	QL: 24 units per 30 days; HSA
EMVERM ORAL TABLET CHEWABLE 100 MG	4	QL: Maximum quantity of 6 per 21 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	2	HSA
IMPAVIDO ORAL CAPSULE 50 MG	4	
ivermectin oral tablet 3 mg	2	QL: Max. 20 per fill. Max. 1 fill per 90 days
ivermectin oral tablet 6 mg	2	QL: Max 20 per fill; 1 fill per 90 days
LAMPIT ORAL TABLET 120 MG, 30 MG	4	
malathion external lotion 0.5 %	2	
mefloquine hcl oral tablet 250 mg	2	HSA
nitazoxanide oral tablet 500 mg	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
pentamidine isethionate inhalation solution reconstituted 300 mg	3	
permethrin external cream 5 %	2	
praziquantel oral tablet 600 mg	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
primaquine phosphate oral tablet 26.3 (15 base) mg	2	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
pyrimethamine oral tablet 25 mg	3	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
quinine sulfate oral capsule 324 mg	2	HSA
spinosad external suspension 0.9 %	2	
Antiparkinson Agents		
amantadine hcl oral capsule 100 mg	2	
amantadine hcl oral solution 50 mg/5ml	2	
amantadine hcl oral tablet 100 mg	2	
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	4	PA; This drug is not available through home delivery
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	LCG
bromocriptine mesylate oral capsule 5 mg	2	
bromocriptine mesylate oral tablet 2.5 mg	2	
carbidopa oral tablet 25 mg	2	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	2	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML	4	QL: Max. 2800 ML per 28 day(s); This drug is not available through home delivery
entacapone oral tablet 200 mg	2	
INBRIJA INHALATION CAPSULE 42 MG	4	PA; QL: Max. 10 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	

DRUG NAME	TIER	LIMITATIONS / *NOTES
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	2	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	2	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	2	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
selegiline hcl oral capsule 5 mg	2	
selegiline hcl oral tablet 5 mg	2	
tolcapone oral tablet 100 mg	2	
trihexyphenidyl hcl oral solution 0.4 mg/ml	2	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	2	
Antiplatelets		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	2	HSA
BRILINTA ORAL TABLET 60 MG, 90 MG	3	HSA
cilostazol oral tablet 100 mg, 50 mg	2	HSA
clopidogrel bisulfate oral tablet 300 mg, 75 mg	2	HSA
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	2	HSA
prasugrel hcl oral tablet 10 mg, 5 mg	2	HSA
TAVALISSE ORAL TABLET 100 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
TAVALISSE ORAL TABLET 150 MG	4	SPP; PA
ticagrelor oral tablet 60 mg, 90 mg	3	HSA
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral solution 1 mg/ml	2	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
aripiprazole oral tablet dispersible 10 mg, 15 mg	2	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	3	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	2	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	2	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	2	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	4	PA; QL: 2 tablets per day
FANAPT ORAL TABLET 1 MG, 6 MG, 8 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
FANAPT ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG	4	
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	4	
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	4	
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	4	
fluphenazine hcl oral concentrate 5 mg/ml	2	
fluphenazine hcl oral elixir 2.5 mg/5ml	2	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	2	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
NUPLAZID ORAL CAPSULE 34 MG	4	PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
NUPLAZID ORAL TABLET 10 MG	4	PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	2	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	2	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	3	ST
pimozide oral tablet 1 mg, 2 mg	2	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	2	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL: Max. 1 per day; ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
risperidone oral solution 1 mg/ml	2	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	

DRUG NAME	TIER	LIMITATIONS / *NOTES
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	QL: Max. 1 per day; ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	
Antivirals		
abacavir sulfate oral solution 20 mg/ml	2	This drug is not available through home delivery
abacavir sulfate oral tablet 300 mg	2	This drug is not available through home delivery
abacavir sulfate-lamivudine oral tablet 600-300 mg	2	This drug is not available through home delivery
acyclovir external cream 5 %	3	QL: Max. 5 grams per 30 day(s)
acyclovir external ointment 5 %	2	
acyclovir oral capsule 200 mg	2	
acyclovir oral suspension 200 mg/5ml	2	
acyclovir oral tablet 400 mg, 800 mg	2	
adefovir dipivoxil oral tablet 10 mg	2	This drug is not available through home delivery
APTIVUS ORAL CAPSULE 250 MG	4	This drug is not available through home delivery
atazanavir sulfate oral capsule 150 mg	2	This drug is not available through home delivery
atazanavir sulfate oral capsule 200 mg, 300 mg	3	This drug is not available through home delivery
BARACLUDE ORAL SOLUTION 0.05 MG/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
CIMDUO ORAL TABLET 300-300 MG	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
COMPLERA ORAL TABLET 200-25-300 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
darunavir oral tablet 600 mg, 800 mg	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
DELSTRIGO ORAL TABLET 100-300-300 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
DESCOVY ORAL TABLET 120-15 MG	4	PA; ACA
DESCOVY ORAL TABLET 200-25 MG	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; ACA; HCD
DOVATO ORAL TABLET 50-300 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
EDURANT ORAL TABLET 25 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	4	
efavirenz oral tablet 600 mg	2	This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	3	
emtricitabine oral capsule 200 mg	3	This drug is not available through home delivery
emtricitabine-tenofovir df oral tablet 100-150 mg	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg	3	This drug is not available through home delivery
emtricitabine-tenofovir df oral tablet 200-300 mg	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; ACA; HCD
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
EMTRIVA ORAL SOLUTION 10 MG/ML	4	This drug is not available through home delivery
entecavir oral tablet 0.5 mg, 1 mg	2	This drug is not available through home delivery
EPCLUSA ORAL PACKET 150-37.5 MG	3	SPP; PA; QL: Max 1 tab per day; This drug is not available through home delivery
EPCLUSA ORAL PACKET 200-50 MG	3	SPP; PA; QL: Max 2 tabs per day; This drug is not available through home delivery
EPCLUSA ORAL TABLET 200-50 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
EPCLUSA ORAL TABLET 400-100 MG	3	SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
etravirine oral tablet 100 mg	3	This drug is not available through home delivery
etravirine oral tablet 200 mg	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
EVOTAZ ORAL TABLET 300-150 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
fosamprenavir calcium oral tablet 700 mg	3	This drug is not available through home delivery
GENVOYA ORAL TABLET 150-150-200-10 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
HARVONI ORAL TABLET 45-200 MG	3	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
HARVONI ORAL TABLET 90-400 MG	3	SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
INTELENCE ORAL TABLET 25 MG	4	This drug is not available through home delivery
ISENTRESS HD ORAL TABLET 600 MG	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ISENTRESS ORAL PACKET 100 MG	3	This drug is not available through home delivery
ISENTRESS ORAL TABLET 400 MG	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	3	This drug is not available through home delivery
JULUCA ORAL TABLET 50-25 MG	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
LAGEVRIO ORAL CAPSULE 200 MG	4	QL: Maximum of 40 per fill; Coverage refers to Lagevrio under Emergency Use Authorization
lamivudine oral solution 10 mg/ml	2	This drug is not available through home delivery
lamivudine oral tablet 100 mg, 150 mg, 300 mg	2	This drug is not available through home delivery
lamivudine-zidovudine oral tablet 150-300 mg	2	This drug is not available through home delivery
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	3	QL: Maximum quantity of 20 per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	3	QL: Max of 11 per fill
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	3	QL: Maximum quantity of 30 per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	3	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
penciclovir external cream 1 %	4	PA; QL: Max. 5 grams per 30 day(s)
PIFELTRO ORAL TABLET 100 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
PREZCOBIX ORAL TABLET 675-150 MG	3	
PREZCOBIX ORAL TABLET 800-150 MG	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
PREZISTA ORAL SUSPENSION 100 MG/ML	4	This drug is not available through home delivery
PREZISTA ORAL TABLET 150 MG, 75 MG	4	This drug is not available through home delivery
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL: 20 units per fill
REYATAZ ORAL PACKET 50 MG	4	This drug is not available through home delivery
ribavirin inhalation solution reconstituted 6 gm	3	
ribavirin oral capsule 200 mg	2	SPP; This drug is not available through home delivery
ribavirin oral tablet 200 mg	2	SPP; This drug is not available through home delivery
rimantadine hcl oral tablet 100 mg	2	
ritonavir oral tablet 100 mg	2	In accordance with state laws under certain benefit plans; For select plans in RI this medication will be covered at a lower cost share ($0). Check your plan documents.
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	4	
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SITAVIG BUCCAL TABLET 50 MG	4	QL: 2 tablets per 30 days
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
SOVALDI ORAL PACKET 150 MG, 200 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
SOVALDI ORAL TABLET 200 MG	3	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
SOVALDI ORAL TABLET 400 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
STRIBILD ORAL TABLET 150-150-200-300 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
SUNLENCA ORAL TABLET 300 MG	4	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	4	
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
tenofovir disoproxil fumarate oral tablet 300 mg	2	This drug is not available through home delivery
TIVICAY ORAL TABLET 50 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	This drug is not available through home delivery
TRIUMEQ ORAL TABLET 600-50-300 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	4	
TYBOST ORAL TABLET 150 MG	4	This drug is not available through home delivery
valacyclovir hcl oral tablet 1 gm, 500 mg	2	
valganciclovir hcl oral solution reconstituted 50 mg/ml	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
valganciclovir hcl oral tablet 450 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
VEMLIDY ORAL TABLET 25 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	This drug is not available through home delivery
VIREAD ORAL POWDER 40 MG/GM	4	This drug is not available through home delivery
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	This drug is not available through home delivery
VOSEVI ORAL TABLET 400-100-100 MG	3	SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL: 1 tablet per fill
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL: 1 tablet per fill
YEZTUGO ORAL TABLET 300 MG	4	PA; QL: 4 tablets per fill; 1 fill per 28 days; 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	2	This drug is not available through home delivery
zidovudine oral syrup 50 mg/5ml	2	This drug is not available through home delivery
zidovudine oral tablet 300 mg	2	This drug is not available through home delivery
Anxiolytics - Drugs for Anxiety		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	2	
alprazolam intensol oral concentrate 1 mg/ml	4	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	LCG
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
buspirone hcl oral tablet 10 mg, 5 mg	1	LCG
buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg	2	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	2	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	LCG
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	2	
diazepam intensol oral concentrate 5 mg/ml	2	
diazepam oral concentrate 5 mg/ml	2	
diazepam oral solution 5 mg/5ml	2	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	LCG
estazolam oral tablet 1 mg, 2 mg	2	
hydroxyzine hcl oral syrup 10 mg/5ml	2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	LCG
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	2	
lorazepam intensol oral concentrate 2 mg/ml	2	
lorazepam oral concentrate 2 mg/ml	2	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	LCG
meprobamate oral tablet 200 mg, 400 mg	2	
midazolam hcl oral syrup 2 mg/ml	2	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	2	
quazepam oral tablet 15 mg	2	
triazolam oral tablet 0.125 mg, 0.25 mg	2	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	4	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	2	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	LCG
lithium carbonate oral tablet 300 mg	2	
lithium oral solution 8 meq/5ml	2	
Blood Products and Modifiers - Drugs for Blood Disorders		
aminocaproic acid oral solution 0.25 gm/ml	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
aminocaproic acid oral tablet 1000 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
aminocaproic acid oral tablet 500 mg	2	
anagrelide hcl oral capsule 0.5 mg, 1 mg	3	HSA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	SPP; PA; This drug is not available through home delivery
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 150 MCG/0.3ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML	4	SPP; PA; This drug is not available through home delivery
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 200 MCG/0.4ML, 60 MCG/0.3ML	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
DOPTELET ORAL TABLET 20 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
eltrombopag olamine oral packet 12.5 mg	4	SPP; This drug is not available through home delivery; HSA
eltrombopag olamine oral packet 25 mg	4	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
eltrombopag olamine oral tablet 12.5 mg	4	SPP; This drug is not available through home delivery; HSA
eltrombopag olamine oral tablet 25 mg, 50 mg, 75 mg	4	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
EPOGEN INJECTION SOLUTION 10000 UNIT/ML	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
EPOGEN INJECTION SOLUTION 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	SPP; PA; This drug is not available through home delivery
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; QL: Max Daily Dose of 0.043; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	4	SPP; PA; QL: 2 pens (1.2 mL) per 30 days; This drug is not available through home delivery
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	4	SPP; PA; This drug is not available through home delivery
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	4	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	4	PA
MULPLETA ORAL TABLET 3 MG	4	SPP; PA; This drug is not available through home delivery; HSA

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	4	SPP; PA; CM
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	4	SPP; PA; QL: Max Daily Dose of 0.043; This drug is not available through home delivery
PROCRIT INJECTION SOLUTION 10000 UNIT/ML	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
PROCRIT INJECTION SOLUTION 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	SPP; PA; This drug is not available through home delivery
PROMACTA ORAL PACKET 12.5 MG	4	SPP; This drug is not available through home delivery; HSA
PROMACTA ORAL PACKET 25 MG	4	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
PROMACTA ORAL TABLET 12.5 MG	4	SPP; This drug is not available through home delivery; HSA
PROMACTA ORAL TABLET 25 MG, 50 MG, 75 MG	4	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	4	PA; This drug is not available through home delivery
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	SPP; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	4	PA; QL: 2 pens (1.2 mL) per 30 days; This drug is not available through home delivery
tranexamic acid oral tablet 650 mg	2	QL: Max. 1 per day
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	4	SPP; PA; QL: 2 syringes per 30 days
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	4	SPP; PA; QL: 2 pens (1.2 mL) per 30 days
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	4	SPP; PA; QL: 2 pens (1.2 mL) per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	4	SPP; PA; QL: Max Daily Dose 0.043 mL; This drug is not available through home delivery
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral capsule 200 mg, 400 mg	2	HSA
aliskiren fumarate oral tablet 150 mg, 300 mg	3	HSA
amiloride hcl oral tablet 5 mg	2	HSA
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	HSA
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	2	HSA
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	HSA; LCG
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	2	HSA
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	2	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	2	HSA
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	2	HSA
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	3	HSA
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	HSA; LCG
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	2	HSA
atorvastatin calcium oral tablet 10 mg, 20 mg	2	HSA; ACA
atorvastatin calcium oral tablet 40 mg, 80 mg	2	HSA
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	4	PA; QL: Max daily dose of 4; 30 day supply max
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	HSA; LCG
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	2	HSA
betaxolol hcl oral tablet 10 mg, 20 mg	2	HSA
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	HSA
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	2	HSA
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	HSA
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	HSA
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	2	HSA
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	2	HSA
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	2	HSA
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	HSA
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	2	HSA
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	3	HSA
chlorthalidone oral tablet 25 mg, 50 mg	2	HSA
cholestyramine light oral packet 4 gm	2	HSA
cholestyramine light oral powder 4 gm/dose	2	HSA
cholestyramine oral packet 4 gm	2	HSA
cholestyramine oral powder 4 gm/dose	2	HSA
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	HSA; LCG
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	2	HSA
colesevelam hcl oral packet 3.75 gm	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
colesevelam hcl oral tablet 625 mg	2	HSA
colestipol hcl oral granules 5 gm	2	HSA
colestipol hcl oral packet 5 gm	2	HSA
colestipol hcl oral tablet 1 gm	2	HSA
CORLANOR ORAL SOLUTION 5 MG/5ML	3	HSA
digoxin oral solution 0.05 mg/ml	2	HSA
digoxin oral tablet 125 mcg, 250 mcg	2	HSA
digoxin oral tablet 62.5 mcg	4	HSA
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	HSA
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	HSA
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	2	HSA
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	HSA
diltiazem hcl er oral tablet extended release 24 hour 120 mg	4	HSA
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	HSA
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	HSA
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	HSA
disopyramide phosphate oral capsule 100 mg, 150 mg	3	HSA
DIURIL ORAL SUSPENSION 250 MG/5ML	4	HSA
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	2	This drug is not available through home delivery; HSA
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	2	HSA
droxidopa oral capsule 100 mg, 300 mg	3	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
droxidopa oral capsule 200 mg	3	PA; This drug is not available through home delivery; HSA
EDARBI ORAL TABLET 40 MG, 80 MG	4	HSA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
enalapril maleate oral solution 1 mg/ml	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	2	HSA
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	2	HSA
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	3	QL: 8 per day; HSA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	HSA
eplerenone oral tablet 25 mg, 50 mg	2	HSA
ethacrynic acid oral tablet 25 mg	2	HSA
ezetimibe oral tablet 10 mg	2	HSA
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	2	HSA
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	2	HSA
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	HSA
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	2	HSA
fenofibrate oral tablet 120 mg, 40 mg	3	HSA
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	HSA
fenofibric acid oral capsule delayed release 135 mg, 45 mg	2	HSA
fenofibric acid oral tablet 105 mg, 35 mg	3	HSA
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	2	HSA
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	3	HSA; ACA
fluvastatin sodium oral capsule 20 mg, 40 mg	3	HSA; ACA
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	2	HSA
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	2	HSA
furosemide oral solution 10 mg/ml, 8 mg/ml	1	HSA; LCG
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	HSA; LCG
gemfibrozil oral tablet 600 mg	2	HSA
guanfacine hcl oral tablet 1 mg, 2 mg	2	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	HSA; LCG
hydrochlorothiazide oral capsule 12.5 mg	1	HSA; LCG
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; LCG
icosapent ethyl oral capsule 0.5 gm, 1 gm	3	HSA
indapamide oral tablet 1.25 mg, 2.5 mg	2	HSA
irbesartan oral tablet 150 mg, 300 mg, 75 mg	2	HSA
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	2	HSA
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	3	HSA
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	HSA
isosorbide dinitrate oral tablet 40 mg	3	HSA
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	2	HSA
isosorbide mononitrate oral tablet 10 mg, 20 mg	2	HSA
isradipine oral capsule 2.5 mg, 5 mg	2	HSA
ivabradine hcl oral tablet 5 mg, 7.5 mg	3	HSA
KATERZIA ORAL SUSPENSION 1 MG/ML	4	HSA
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	2	HSA
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	HSA; LCG
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	2	HSA
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	HSA
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	2	HSA
lovastatin oral tablet 10 mg, 20 mg, 40 mg	2	HSA; ACA
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	HSA
methyldopa oral tablet 250 mg, 500 mg	2	HSA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	2	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	2	HSA
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	HSA
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	2	HSA
metyrosine oral capsule 250 mg	3	HSA
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	2	HSA
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	HSA
minoxidil oral tablet 10 mg, 2.5 mg	2	HSA
moexipril hcl oral tablet 15 mg, 7.5 mg	2	HSA
MULTAQ ORAL TABLET 400 MG	3	HSA
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	HSA
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	HSA
NEXLETOL ORAL TABLET 180 MG	4	PA; HSA
NEXLIZET ORAL TABLET 180-10 MG	4	PA; HSA
niacin (antihyperlipidemic) oral tablet 500 mg	2	HSA
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	2	HSA
niacor oral tablet 500 mg	2	HSA
nicardipine hcl oral capsule 20 mg, 30 mg	2	HSA
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	2	HSA
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	2	HSA
nifedipine oral capsule 10 mg, 20 mg	2	HSA
nimodipine oral capsule 30 mg	2	HSA
NIMODIPINE ORAL SOLUTION 60 MG/20ML	4	HSA
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	2	HSA
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	HSA
nitroglycerin rectal ointment 0.4 %	4	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	2	HSA

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
QBRELIS ORAL SOLUTION 1 MG/ML	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	HSA; LCG
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	2	HSA
quinidine gluconate er oral tablet extended release 324 mg	4	HSA
quinidine sulfate oral tablet 200 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
quinidine sulfate oral tablet 300 mg	2	HSA
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	2	HSA
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	3	HSA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; QL: Max. 2 syringes per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL: Max. 2 pens per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
rosuvastatin calcium oral tablet 10 mg, 5 mg	2	HSA; ACA
rosuvastatin calcium oral tablet 20 mg, 40 mg	2	HSA
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	3	HSA
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; ACA

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
VYNDAMAX ORAL CAPSULE 61 MG	4	SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
VYNDAQEL ORAL CAPSULE 20 MG	4	SPP; PA; QL: Max. 4 per day; This drug is not available through home delivery
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	4	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 ER ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	4	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 sulfate oral tablet 10 mg, 5 mg	2	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply.
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 2; State/Federal limits on prescription drug dispensing may apply.
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	2	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg	3	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply.
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	2	
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	PA: Prior Authorization required for members 25 and older
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 5; State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 4; State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate oral solution 5 mg/5ml	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	3	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	4	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.

DRUG NAME	TIER	LIMITATIONS / *NOTES
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML	4	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 8; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG	4	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply.
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	2	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
lisdexamfetamine dimesylate oral capsule 10 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	3	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply.
lisdexamfetamine dimesylate oral capsule 20 mg	3	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
lisdexamfetamine dimesylate oral tablet chewable 10 mg	3	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
lisdexamfetamine dimesylate oral tablet chewable 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	3	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply.

DRUG NAME	TIER	LIMITATIONS / *NOTES
methamphetamine hcl oral tablet 5 mg	4	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	3	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
methylphenidate hcl er (osm) oral tablet extended release 36 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 2
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	3	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 2
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	2	PA: Prior Authorization required for members 25 and older
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	2	PA: Prior Authorization required for members 25 and older
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	2	PA: Prior Authorization required for members 25 and older
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	4	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG	4	PA; QL: Max of 1 per day
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	4	PA; QL: Max 3 capsules a day

DRUG NAME	TIER	LIMITATIONS / *NOTES
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG	4	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	4	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 12 mL; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	3	SPP; QL: Max. 1 kit (4 syringes) per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	3	SPP; QL: Max. 1 kit (4 syringes) per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	3	SPP; QL: Max. 4 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
BETASERON SUBCUTANEOUS KIT 0.3 MG	3	SPP; QL: Max. 1 box per month; This drug is not available through home delivery
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	SPP; QL: Max. 1 syringe per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	3	SPP; QL: Max. 12 syringes per 28 days; This drug is not available through home delivery
dalfampridine er oral tablet extended release 12 hour 10 mg	3	SPP; QL: Max. 2 per day; This drug is not available through home delivery
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	3	SPP; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	3	SPP; QL: Max. 2 packs per year; This drug is not available through home delivery
fingolimod hcl oral capsule 0.5 mg	4	SPP; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
GILENYA ORAL CAPSULE 0.25 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; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	3	SPP; QL: Max. 12 syringes per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	SPP; QL: Maximum quantity of 14 per 365 Days. Max. 2 packs per year; This drug is not available through home delivery
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	4	SPP; QL: Max. 2 prefilled syringes per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	4	SPP; QL: Max. 2 prefilled syringes per 28 days; This drug is not available through home delivery
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	4	SPP; QL: Max. 2 prefilled syringes per 28 days; This drug is not available through home delivery
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	4	SPP; QL: Max. 2 prefilled syringes per 28 days; This drug is not available through home delivery
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	4	SPP; QL: Max. 2 prefilled syringes per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	4	SPP; QL: Max. 12 syringes per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	4	SPP; QL: Max. 1 pack per 365 days; This drug is not available through home delivery
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	4	SPP; QL: Max. 12 syringes per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	4	SPP; QL: Max. 1 pack per 365 days; This drug is not available through home delivery
teriflunomide oral tablet 14 mg, 7 mg	4	SPP; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	3	SPP; QL: Max. 4 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	4	SPP; PA; QL: Max. 2 packs per 365 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ZEPOSIA ORAL CAPSULE 0.92 MG	4	SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	4	SPP; PA; QL: Maximum quantity of 28 per 365 days. Max. 1 kit per 365 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
Central Nervous System Agents - Miscellaneous		
ADDYI ORAL TABLET 100 MG	4	PA; QL: Max. 1 per day

DRUG NAME	TIER	LIMITATIONS / *NOTES
AUSTEDO ORAL TABLET 12 MG, 9 MG	3	SPP; PA; QL: Max. 4 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
AUSTEDO ORAL TABLET 6 MG	3	SPP; PA; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	3	SPP; PA; QL: 60 tablets/30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	3	SPP; PA; QL: 60 tablets/30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	3	SPP; PA; QL: 30 tablets/30 days
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG	4	PA; WLM
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	PA; QL: Max. 1 per day.Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	4	PA; QL: Max. 1 per day. Max. 1 pack per 365 days.Maximum 30 days supply per fill
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	2	WLM
phendimetrazine tartrate oral tablet 35 mg	2	WLM
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	2	WLM
phentermine hcl oral tablet 37.5 mg	2	WLM
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	2	
pregabalin oral solution 20 mg/ml	2	
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	4	SPP; PA; QL: 50 mL per 24 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	4	SPP; PA; QL: 1 per lifetime; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
riluzole oral tablet 50 mg	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	ST
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	4	QL: Maximum of 30 days supply per fill
tetrabenazine oral tablet 12.5 mg, 25 mg	2	SPP; QL: Max. 3 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	4	QL: Maximum of 30 days supply per fill
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	4	PA; QL: 1 injection per month; 30 day supply max
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; QL: Max. 4 pens (2 mL) per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD; WLM

DRUG NAME	TIER	LIMITATIONS / *NOTES
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl oral capsule 30 mg	2	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	LCG
CLINPRO 5000 DENTAL PASTE 1.1 %	4	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	4	
DENTA 5000 PLUS SENSITIVE DENTAL GEL 1.1-5 %	4	
DENTAGEL DENTAL GEL 1.1 %	4	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	4	
FLUORIDEX DENTAL PASTE 1.1 %	4	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 %	4	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	4	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 %	4	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	4	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	4	
KOURZEQ MOUTH/THROAT PASTE 0.1 %	2	
lidocaine viscous hcl mouth/throat solution 2 %	2	
ORALONE MOUTH/THROAT PASTE 0.1 %	2	
periogard mouth/throat solution 0.12 %	1	LCG
pilocarpine hcl oral tablet 5 mg, 7.5 mg	2	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	4	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 %	4	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 %	4	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	4	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	4	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 %	4	
PREVIDENT DENTAL GEL 1.1 %	4	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 %	2	
sf 5000 plus dental cream 1.1 %	2	
sf dental gel 1.1 %	2	
sod fluoride-potassium nitrate dental gel 1.1-5 %	2	
sodium fluoride 5000 enamel dental gel 1.1-5 %	2	
sodium fluoride 5000 plus dental cream 1.1 %	2	
sodium fluoride 5000 ppm dental gel 1.1 %	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
sodium fluoride 5000 ppm dental paste 1.1 %	2	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	2	
sodium fluoride dental cream 1.1 %	2	
sodium fluoride dental gel 1.1 %	2	
sodium fluoride mouth/throat solution 0.2 %	2	
triamcinolone acetonide mouth/throat paste 0.1 %	2	
Dermatological Agents - Drugs for Skin Conditions		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	2	
adapalene external cream 0.1 %	2	PA: Prior Authorization required for members 26 years of age and older
adapalene external gel 0.1 %, 0.3 %	2	PA: Prior Authorization required for members 26 years of age and older
ADAPALENE EXTERNAL SOLUTION 0.1 %	2	PA: Prior Authorization required for members 26 years of age and older
adapalene-benzoyl peroxide external gel 0.1-2.5 %	2	PA: Prior Authorization required for members 26 years of age and older
adapalene-benzoyl peroxide external gel 0.3-2.5 %	3	PA: Prior Authorization required for members 26 years of age and older
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	3	SPP; PA; QL: 2 auto-injectors [4 mL] per 28 days
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	SPP; PA; QL: Max 4 per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ala-cort external cream 1 %	1	
alclometasone dipropionate external cream 0.05 %	3	
alclometasone dipropionate external ointment 0.05 %	3	
ammonium lactate external cream 12 %	2	
ammonium lactate external lotion 12 %	2	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
azelaic acid external gel 15 %	2	
AZELEX EXTERNAL CREAM 20 %	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
benzoyl peroxide-erythromycin external gel 5-3 %	2	
betamethasone dipropionate aug external cream 0.05 %	2	
betamethasone dipropionate aug external gel 0.05 %	3	
betamethasone dipropionate aug external lotion 0.05 %	2	
betamethasone dipropionate aug external ointment 0.05 %	3	
betamethasone dipropionate external cream 0.05 %	2	
betamethasone dipropionate external lotion 0.05 %	2	
betamethasone dipropionate external ointment 0.05 %	3	
betamethasone valerate external cream 0.1 %	2	
betamethasone valerate external foam 0.12 %	3	
betamethasone valerate external lotion 0.1 %	3	
betamethasone valerate external ointment 0.1 %	2	
BIONECT EXTERNAL CREAM 0.2 %	4	
calcipotriene external cream 0.005 %	3	
calcipotriene external ointment 0.005 %	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
calcipotriene external solution 0.005 %	3	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	3	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	3	
calcitriol external ointment 3 mcg/gm	2	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	3	SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
clindacin etz external swab 1 %	2	
clindacin-p external swab 1 %	2	
clindamycin phos (once-daily) external gel 1 %	2	
clindamycin phos (twice-daily) external gel 1 %	2	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
clindamycin phosphate external lotion 1 %	2	
clindamycin phosphate external solution 1 %	2	
clindamycin phosphate external swab 1 %	2	
clindamycin-tretinoin external gel 1.2-0.025 %	3	PA: Prior Authorization required for members 26 years of age and older
clobetasol propionate e external cream 0.05 %	3	
clobetasol propionate external cream 0.05 %	2	
clobetasol propionate external foam 0.05 %	2	
clobetasol propionate external gel 0.05 %	2	
clobetasol propionate external liquid 0.05 %	3	
clobetasol propionate external lotion 0.05 %	3	
clobetasol propionate external ointment 0.05 %	2	
clobetasol propionate external shampoo 0.05 %	3	
clobetasol propionate external solution 0.05 %	2	
clodan external shampoo 0.05 %	3	
dapsone external gel 5 %	2	
dapsone external gel 7.5 %	3	
desonide external cream 0.05 %	3	
desonide external lotion 0.05 %	3	
desonide external ointment 0.05 %	2	
desoximetasone external cream 0.25 %	2	
desoximetasone external liquid 0.25 %	3	
desoximetasone external ointment 0.25 %	2	
diclofenac sodium external gel 3 %	2	
DIFFERIN EXTERNAL LOTION 0.1 %	4	PA: Prior Authorization required for members 26 years of age and older
doxepin hcl external cream 5 %	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
doxycycline oral capsule delayed release 40 mg	2	ST
DRYSOL EXTERNAL SOLUTION 20 %	3	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	3	SPP; PA; QL: Max. 2 syringes per 28 day(s); This drug is not available through home delivery
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	3	SPP; PA; QL: Max. 2 pens per 28 day(s); This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	3	SPP; PA; QL: Max. 2 syringes per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
ery external pad 2 %	2	
erythromycin external gel 2 %	2	
erythromycin external solution 2 %	2	
EUCRISA EXTERNAL OINTMENT 2 %	3	QL: 60 grams per month; ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
FABIOR EXTERNAL FOAM 0.1 %	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
FILSUVEZ EXTERNAL GEL 10 %	4	PA; QL: 1 tube per day; Maximum of 30 days supply per fill
FINACEA EXTERNAL FOAM 15 %	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
fluocinolone acetonide body external oil 0.01 %	2	
fluocinolone acetonide external ointment 0.025 %	3	
fluocinolone acetonide external solution 0.01 %	2	
fluocinolone acetonide scalp external oil 0.01 %	2	
fluocinonide emulsified base external cream 0.05 %	3	
fluocinonide external cream 0.05 %, 0.1 %	2	
fluocinonide external gel 0.05 %	2	
fluocinonide external ointment 0.05 %	2	
fluocinonide external solution 0.05 %	2	
fluorouracil external cream 5 %	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
fluorouracil external solution 2 %, 5 %	2	
fluticasone propionate external cream 0.05 %	2	
fluticasone propionate external ointment 0.005 %	2	
ft itch relief max strength external cream 1 %	1	
ft itch relief max strength external ointment 1 %	1	
ft itch relief/aloe max str external cream 1 %	1	
goodsense anti-itch maximum st external ointment 1 %	1	
halobetasol propionate external cream 0.05 %	3	
halobetasol propionate external ointment 0.05 %	2	
HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5 %	4	
hydrocortisone anti-itch external cream 1 %	1	
hydrocortisone cream 1 % external (otc)	1	
hydrocortisone cream 1 % external (rx)	2	
hydrocortisone external cream 2.5 %	1	LCG
hydrocortisone external lotion 1 %	1	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %	2	
hydrocortisone external ointment 2.5 %	1	LCG
hydrocortisone max st external cream 1 %	1	
hydrocortisone max st external ointment 1 %	1	
hydrocortisone ultra-moisture external cream 1 %	1	
hydrocortisone valerate external cream 0.2 %	2	
hydrocortisone valerate external ointment 0.2 %	3	
hydrocortisone/aloe max str external cream 1 %	1	
HYFTOR EXTERNAL GEL 0.2 %	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
imiquimod external cream 3.75 %	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
imiquimod external cream 5 %	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
imiquimod pump external cream 3.75 %	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
isotretinoin oral capsule 25 mg, 35 mg	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ivermectin external cream 1 %	3	
lactic acid e external cream 10-3500 %-unt/30gm	2	
LITFULO ORAL CAPSULE 50 MG	4	SPP; PA; QL: 1 tablet per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
methoxsalen rapid oral capsule 10 mg	2	
metronidazole external cream 0.75 %	2	
metronidazole external gel 0.75 %, 1 %	2	
metronidazole external lotion 0.75 %	2	
MICORT HC EXTERNAL CREAM 2.5 %	4	
mometasone furoate external cream 0.1 %	2	
mometasone furoate external ointment 0.1 %	1	LCG
mometasone furoate external solution 0.1 %	2	
neuac external gel 1.2-5 %	2	
OPZELURA EXTERNAL CREAM 1.5 %	3	QL: Max 8.6gm per day; ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
pimecrolimus external cream 1 %	3	ST; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
podofilox external gel 0.5 %	4	
podofilox external solution 0.5 %	2	
QBREXZA EXTERNAL PAD 2.4 %	4	PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
REGENECARE EXTERNAL GEL 2 %	4	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	3	
selenium sulfide external lotion 2.5 %	2	
sulfacetamide sodium (acne) external lotion 10 %	2	
tacrolimus external ointment 0.03 %, 0.1 %	2	ST
tazarotene external cream 0.05 %	4	PA
tazarotene external cream 0.1 %	2	PA
TAZAROTENE EXTERNAL FOAM 0.1 %	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
tazarotene external gel 0.05 %, 0.1 %	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
TAZORAC EXTERNAL CREAM 0.05 %	4	PA
TOLAK EXTERNAL CREAM 4 %	3	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	2	PA: Prior Authorization required for members 26 years of age and older
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	2	PA: Prior Authorization required for members 26 years of age and older

DRUG NAME	TIER	LIMITATIONS / *NOTES
tretinoin microsphere external gel 0.04 %, 0.1 %	3	PA: Prior Authorization required for members 26 years of age and older
tretinoin microsphere pump external gel 0.04 %, 0.1 %	3	PA: Prior Authorization required for members 26 years of age and older
triamcinolone acetonide external aerosol solution 0.147 mg/gm	3	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	LCG
triamcinolone acetonide external lotion 0.025 %, 0.1 %	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
triderm external cream 0.5 %	1	LCG
VTAMA EXTERNAL CREAM 1 %	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
ZORYVE EXTERNAL CREAM 0.3 %	4	PA
Diabetes - Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg	2	HSA
CYCLOSET ORAL TABLET 0.8 MG	4	HSA
FARXIGA ORAL TABLET 10 MG, 5 MG	3	HSA
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	HSA; LCG
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	2	HSA
glipizide oral tablet 10 mg, 5 mg	1	HSA; LCG
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	2	HSA
glyburide micronized oral tablet 1.5 mg	2	HSA
glyburide micronized oral tablet 3 mg, 6 mg	1	HSA; LCG
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	HSA; LCG
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	2	HSA
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	HSA
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	HSA
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	HSA
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	HSA
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	HSA
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	HSA
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	3	PA; HSA
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	2	PA; HSA
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	2	PA; Generic Fortamet; HSA
metformin hcl er oral tablet extended release 24 hour 500 mg	2	HSA
metformin hcl er oral tablet extended release 24 hour 750 mg	2	Generic Glucophage XR; HSA
metformin hcl oral solution 500 mg/5ml	3	HSA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	Generic Glucophage; HSA; LCG
miglitol oral tablet 100 mg, 25 mg, 50 mg	2	HSA
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; QL: 4 pens (2 mL) per 28 days; HSA; HCD
nateglinide oral tablet 120 mg, 60 mg	2	HSA
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	3	PA; QL: 1 pen (3 mL) per 28 days; HSA
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	2	HSA
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	2	HSA
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	2	HSA
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	2	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL; HSA
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	HSA
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	HSA
TRADJENTA ORAL TABLET 5 MG	3	HSA
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	3	HSA
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; QL: Max. 4 pens per 28 day(s); HSA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	HSA
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	4	PA; HSA
Diabetes - Glucose Monitoring		
ADVOCATE SAFETY LANCETS 21G	3	HSA
ADVOCATE SAFETY LANCETS 23G	3	HSA
ADVOCATE SAFETY LANCETS 28G	3	HSA
CARESENS LANCETS 30G	3	HSA
CEQUR SIMPLICITY 2U DEVICE	4	PA; QL: Maximum of 1 box per 30 days; HSA
CEQUR SIMPLICITY INSERTER	4	PA; QL: Maximum of 1 per year; HSA
CHEMSTRIP 10 MD IN VITRO STRIP	3	DIAB
CHEMSTRIP 10/SG IN VITRO STRIP	3	DIAB
CHEMSTRIP 2 GP IN VITRO STRIP	3	DIAB
CHEMSTRIP 5 OB IN VITRO STRIP	3	DIAB
CHEMSTRIP 7 IN VITRO STRIP	3	DIAB
CHEMSTRIP 9 IN VITRO STRIP	3	DIAB
CHEMSTRIP K IN VITRO STRIP	3	HSA
CHEMSTRIP UGK IN VITRO STRIP	3	HSA; DIAB
CHOSEN LANCETS 30G	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
CHOSEN SAFETY LANCETS 28G	3	HSA
CLEVER CHOICE COMFORT EZ	3	HSA
COMFORT TOUCH TWIST LANCET 30G	3	HSA
DIASTIX REAGENT IN VITRO STRIP	3	HSA; DIAB
DROPSAFE ACTI-LANCE 23G	3	HSA
FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP	4	HSA; DIAB
FREESTYLE FREEDOM LITE KIT W/DEVICE	MD	QL: 1 per 365 days; HSA
FREESTYLE INSULINX TEST IN VITRO STRIP	3	QL: 204 per 30 days; HSA
FREESTYLE LIBRE 14 DAY READER DEVICE	4	PA; QL: Max. 1 in 365 days; HSA
FREESTYLE LIBRE 14 DAY SENSOR	4	PA; QL: Maximum 2 per 28 days; HSA
FREESTYLE LIBRE 2 PLUS SENSOR	4	PA; QL: 2 sensors per 30 days; HSA
FREESTYLE LIBRE 2 READER DEVICE	4	PA; QL: Max. 1 in 365 days; HSA
FREESTYLE LIBRE 2 SENSOR	4	PA; QL: Maximum 2 per 28 days; HSA
FREESTYLE LIBRE 3 PLUS SENSOR	4	PA; QL: 2 sensors/30 days; HSA
FREESTYLE LIBRE 3 READER DEVICE	4	PA; QL: 1 reader per year; HSA
FREESTYLE LIBRE 3 SENSOR	4	PA; QL: Maximum 2 per 28 days; HSA
FREESTYLE LITE TEST IN VITRO STRIP	3	QL: 204 per 30 days; HSA
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	3	QL: 204 per 30 days; HSA
FREESTYLE TEST IN VITRO STRIP	3	QL: 204 per 30 days; HSA
KETO-DIASTIX IN VITRO STRIP	3	HSA; DIAB
KETONE CARE IN VITRO STRIP	3	HSA; DIAB
KETOSTIX IN VITRO STRIP	3	HSA
LANCETS	3	HSA
LANCETS 28G THIN	3	HSA
LANCETS SUPER THIN	3	HSA
MOBILE LANCETS 30G	3	HSA
PERFECT POINT SAFETY LANCETS	3	HSA
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	3	QL: 204 per 30 days; HSA
TECHLITE LANCETS 26G	3	HSA
VERIFINE SAFE LANCET MINI 21G	3	HSA
VERIFINE SAFE LANCET MINI 23G	3	HSA
VERIFINE SAFE LANCET MINI 28G	3	HSA
VERIFINE SAFE LANCET MINI 30G	3	HSA
VIVAGUARD LANCETS 30G	3	HSA
VIVAGUARD SAFETY LANCETS 28G	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
diazoxide oral suspension 50 mg/ml	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
glucagon emergency kit injection solution reconstituted 1 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	HSA
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	3	HSA
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
Diabetes - Insulins		
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	HSA
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	3	HSA
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	3	HSA
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	HSA
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML	3	HSA
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	HSA
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	3	HSA
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML, 28G X 1/2" 1 ML	3	HSA
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
HUMALOG INJECTION SOLUTION 100 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD; DIAB
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB

DRUG NAME	TIER	LIMITATIONS / *NOTES
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD; DIAB
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD; DIAB
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	3	HSA; DIAB
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	HSA; DIAB
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	HSA; DIAB

DRUG NAME	TIER	LIMITATIONS / *NOTES
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	3	HSA
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	HSA; DIAB
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD; DIAB
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML	3	HSA; DIAB
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	HSA
Electrolytes / Minerals / Metals / Vitamins		
carglumic acid oral tablet soluble 200 mg	3	SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
CHEMET ORAL CAPSULE 100 MG	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
cyanocobalamin injection solution 1000 mcg/ml	2	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	4	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
deferasirox oral packet 180 mg, 360 mg, 90 mg	4	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
deferasirox oral tablet 180 mg	3	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
deferasirox oral tablet 360 mg, 90 mg	3	QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
deferasirox oral tablet soluble 125 mg, 250 mg	3	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
deferasirox oral tablet soluble 500 mg	3	QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	4	
effer-k oral tablet effervescent 25 meq	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
ergocalciferol oral capsule 1.25 mg (50000 ut)	1	LCG
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; LCG
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; AL (Min 12 Years and Max 52 Years)
ft folic acid oral tablet 400 mcg, 800 mcg	1	ACA; AL (Min 12 Years and Max 52 Years)
GALZIN ORAL CAPSULE 25 MG, 50 MG	4	
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	2	
iodine strong oral solution 5 %	2	
klor-con 10 oral tablet extended release 10 meq	2	
klor-con m10 oral tablet extended release 10 meq	2	
klor-con m15 oral tablet extended release 15 meq	2	
klor-con m20 oral tablet extended release 20 meq	2	
klor-con oral packet 20 meq	3	
klor-con oral tablet extended release 8 meq	2	
levocarnitine oral solution 1 gm/10ml	2	
levocarnitine oral tablet 330 mg	2	
levocarnitine sf oral solution 1 gm/10ml	2	
LOKELMA ORAL PACKET 10 GM, 5 GM	4	
phytonadione oral tablet 5 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
pnv 27-ca/fe/fa oral tablet 60-1 mg	2	HSA
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	2	
potassium chloride er oral capsule extended release 10 meq, 8 meq	2	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	2	
potassium chloride oral packet 20 meq	3	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	2	
prenatal oral tablet 27-1 mg	2	HSA
prenatal plus vitamin/mineral oral tablet 27-1 mg	2	HSA
sodium chloride irrigation solution 0.9 %	2	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	$0	ACA
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	2	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	$0	ACA
sodium polystyrene sulfonate oral powder	2	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	2	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	2	
tolvaptan oral tablet 15 mg, 30 mg	4	SPP; This drug is not available through home delivery
trientine hcl oral capsule 250 mg	3	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
trientine hcl oral capsule 500 mg	3	PA
VELTASSA ORAL PACKET 1 GM	4	
VELTASSA ORAL PACKET 16.8 GM, 8.4 GM	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
VELTASSA ORAL PACKET 25.2 GM	4	This drug is not available through home delivery
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	LCG
yl folic acid oral tablet 400 mcg	1	ACA; AL (Min 12 Years and Max 52 Years)
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
acid controller oral tablet 10 mg	1	
acid reducer maximum strength oral tablet 20 mg	1	
acid reducer oral tablet 10 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
cimetidine hcl oral solution 300 mg/5ml	2	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	2	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	2	
esomeprazole magnesium oral packet 10 mg	3	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
esomeprazole magnesium oral packet 2.5 mg, 5 mg	3	
esomeprazole magnesium oral packet 20 mg, 40 mg	3	PA
famotidine maximum strength oral tablet 20 mg	1	
famotidine oral suspension reconstituted 40 mg/5ml	2	
famotidine oral tablet 10 mg	1	
famotidine oral tablet 40 mg	2	
famotidine orig st oral tablet 10 mg	1	
famotidine tablet 20 mg oral (otc)	1	
famotidine tablet 20 mg oral (rx)	2	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	4	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	4	
ft acid reducer max strength oral tablet 20 mg	1	
ft acid reducer oral capsule delayed release 20 mg	2	
ft acid reducer oral tablet 10 mg	1	
lansoprazole oral capsule delayed release 15 mg, 30 mg	2	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	3	PA
misoprostol oral tablet 100 mcg, 200 mcg	2	This drug may be covered at $0 for certain indications
mm acid-pep maximum strength oral tablet 20 mg	1	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG	1	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	
nizatidine oral capsule 150 mg, 300 mg	2	
omeprazole oral capsule delayed release 10 mg, 20 mg	1	LCG
omeprazole oral capsule delayed release 40 mg	2	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
omeprazole-sodium bicarbonate oral packet 20-1680 mg	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
omeprazole-sodium bicarbonate oral packet 40-1680 mg	4	PA
pantoprazole sodium oral packet 40 mg	3	PA
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	2	
PRILOSEC ORAL PACKET 10 MG	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
PRILOSEC ORAL PACKET 2.5 MG	4	PA
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG	3	
rabeprazole sodium oral tablet delayed release 20 mg	2	
sucralfate oral suspension 1 gm/10ml	3	
sucralfate oral tablet 1 gm	2	
VOQUEZNA ORAL TABLET 10 MG, 20 MG	4	PA; QL: 30 tablets per 30 days
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl oral tablet 0.5 mg, 1 mg	2	
alvimopan oral capsule 12 mg	3	
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	2	
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
bisacodyl ec oral tablet delayed release 5 mg	1	
bisacodyl rectal suppository 10 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	2	
citroma oral solution 1.745 gm/30ml	1	
clearlax oral powder 17 gm/scoop	1	
constulose oral solution 10 gm/15ml	2	
cromolyn sodium oral concentrate 100 mg/5ml	2	HSA
CTEXLI ORAL TABLET 250 MG	4	This drug is not available through home delivery
cvs gentle laxative rectal suppository 10 mg	1	
dicyclomine hcl oral capsule 10 mg	2	
dicyclomine hcl oral solution 10 mg/5ml	2	
dicyclomine hcl oral tablet 20 mg	2	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	2	
enulose oral solution 10 gm/15ml	2	
fiber oral powder 25 %, 28.3 %, 51.7 %	1	
ft clearlax oral powder 17 gm/scoop	1	
ft enema rectal enema 7-19 gm/118ml	1	
ft fiber oral powder 25 %, 43 %, 51.7 %	1	
ft gentle laxative rectal suppository 10 mg	1	
ft laxative oral tablet delayed release 5 mg	1	
ft magnesium citrate oral solution 1.745 gm/30ml	1	
ft senna laxative oral tablet 8.6 mg	1	
ft senna laxatives oral tablet 8.6 mg	1	
GATTEX SUBCUTANEOUS KIT 5 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
gavilax oral powder 17 gm/scoop	1	
gavilyte-c oral solution reconstituted 240 gm	2	ACA
gavilyte-g oral solution reconstituted 236 gm	2	ACA

DRUG NAME	TIER	LIMITATIONS / *NOTES
gavilyte-n with flavor pack oral solution reconstituted 420 gm	2	ACA
generlac oral solution 10 gm/15ml	2	
gentle laxative oral tablet delayed release 5 mg	1	
gentle laxative rectal suppository 10 mg	1	
geri-kot oral tablet 8.6 mg	1	
GLYCATE ORAL TABLET 1.5 MG	2	
glycolax oral powder 17 gm/scoop	1	
glycopyrrolate oral solution 1 mg/5ml	3	This drug is not available through home delivery
glycopyrrolate oral tablet 1 mg, 2 mg	2	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	2	
goodsense enema rectal enema 7-19 gm/118ml	1	
goodsense senna laxative oral tablet 8.6 mg	1	
IQIRVO ORAL TABLET 80 MG	4	SPP; PA; QL: 1 per day
KRISTALOSE ORAL PACKET 10 GM, 20 GM	4	
lactulose encephalopathy oral solution 10 gm/15ml	2	
lactulose oral packet 10 gm	3	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	
LIVDELZI ORAL CAPSULE 10 MG	4	PA; QL: 1 per day; 30 day supply max
loperamide hcl oral capsule 2 mg	2	
lubiprostone oral capsule 24 mcg	2	
lubiprostone oral capsule 8 mcg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
magnesium citrate oral solution 1.745 gm/30ml	1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	2	
mm clearlax oral powder 17 gm/scoop	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	4	ST
MOTOFEN ORAL TABLET 1-0.025 MG	4	
MOVANTIK ORAL TABLET 12.5 MG	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
MOVANTIK ORAL TABLET 25 MG	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	4	ST
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	2	ACA; AL (Min 45 Years and Max 75 Years)
natural fiber laxative oral powder 28.3 %	1	
natural senna laxative oral tablet 8.6 mg	1	
opium oral tincture 10 mg/ml (1%)	2	
peg 3350 oral powder 17 gm/scoop	1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	2	ACA
peg-3350/electrolytes oral solution reconstituted 236 gm	2	ACA
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	2	ACA
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	2	ACA
polyethylene glycol 3350 oral powder 17 gm/scoop	1	
prucalopride succinate oral tablet 1 mg, 2 mg	4	ST
reguloid oral powder 28.3 %, 43 %, 51.7 %	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	4	SPP; PA; QL: 1 per day
senna oral tablet 8.6 mg	1	
senna-lax oral tablet 8.6 mg	1	
sennosides oral tablet 8.6 mg	1	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG	3	SPP; PA; This drug is not available through home delivery
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 6 MG	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
smooth lax oral powder 17 gm/scoop	1	
SYMPROIC ORAL TABLET 0.2 MG	3	
true laxative oral powder 17 gm/scoop	1	
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet 250 mg, 500 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
VIBERZI ORAL TABLET 100 MG, 75 MG	3	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	4	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	4	PA
VOWST ORAL CAPSULE	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
wal-mucil oral powder 43 %, 51.7 %	1	
XERMELO ORAL TABLET 250 MG	4	PA; QL: Max. 3 per day.Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
betaine oral powder	4	This drug is not available through home delivery
CERDELGA ORAL CAPSULE 84 MG	3	SPP; PA; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	4	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT	3	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	4	PA; QL: 2 bottles per 24 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
EVRYSDI ORAL TABLET 5 MG	4	PA; QL: 1 tablet per day; max 30 days supply per fill
glycerol phenylbutyrate oral liquid 1.1 gm/ml	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
miglustat oral capsule 100 mg	3	SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	4	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
OCALIVA ORAL TABLET 10 MG	4	SPP; PA; QL: Max. 1 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
OCALIVA ORAL TABLET 5 MG	4	SPP; PA; QL: Max. 1 per day.Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery

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

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
zelvysia oral packet 100 mg, 500 mg	4	SPP; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 40000-126000 UNIT	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
avanafil oral tablet 100 mg, 200 mg, 50 mg	4	QL: Max 4 per 30 days
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	
calcium acetate (phos binder) oral capsule 667 mg	2	
calcium acetate (phos binder) oral tablet 667 mg	2	
calcium acetate oral tablet 667 mg	2	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 20 MCG	4	QL: Max. 6 vials per 30 day(s)
CAVERJECT IMPULSE KIT 10 MCG INTRACAVERNOSAL	4	QL
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG	4	QL: Max. 6 vials per 30 day(s)
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	2	
EDEX INTRACAVERNOSAL KIT 20 MCG, 40 MCG	4	QL: Max. 6 vials per 30 day(s)
EDEX KIT 10 MCG INTRACAVERNOSAL	4	QL

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
sevelamer carbonate oral tablet 800 mg	2	
sevelamer hcl oral tablet 400 mg, 800 mg	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL: Max 4 per 30 days
solifenacin succinate oral tablet 10 mg, 5 mg	2	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	4	QL: Max 4 per 30 days
tadalafil oral tablet 10 mg, 20 mg	2	QL: Max 4 per 30 days
tadalafil oral tablet 2.5 mg, 5 mg	2	QL: Prior Authorization required for Quantity exceeding 4 per 30 days
tiopronin oral tablet 100 mg	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	2	
tolterodine tartrate oral tablet 1 mg, 2 mg	2	
trospium chloride er oral capsule extended release 24 hour 60 mg	2	
trospium chloride oral tablet 20 mg	2	
VANRAFIA ORAL TABLET 0.75 MG	4	PA; QL: 1 tablet per day
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	4	QL: Max 4 per 30 days
vardenafil hcl oral tablet dispersible 10 mg	3	QL: Max 4 per 30 days
VELPHORO ORAL TABLET CHEWABLE 500 MG	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	2	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	4	HSA
dutasteride oral capsule 0.5 mg	2	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	2	
finasteride oral tablet 5 mg	2	
silodosin oral capsule 4 mg, 8 mg	2	
tamsulosin hcl oral capsule 0.4 mg	2	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	HSA
Hormonal Agents - Adrenal		
dexamethasone intensol oral concentrate 1 mg/ml	2	
dexamethasone oral elixir 0.5 mg/5ml	2	
dexamethasone oral solution 0.5 mg/5ml	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	LCG
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	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	MD	
dexamethasone sodium phosphate solution 10 mg/ml injection	MD	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	MD	
dexamethasone sodium phosphate solution 4 mg/ml injection	MD	
fludrocortisone acetate oral tablet 0.1 mg	2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	2	
hydrocortisone sod suc (pf) injection solution reconstituted 100 mg	3	
MEDROL ORAL TABLET 2 MG	4	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	
methylprednisolone oral tablet therapy pack 4 mg	2	
prednisolone oral solution 15 mg/5ml	2	
prednisolone oral tablet 5 mg	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	2	
prednisolone sodium phosphate oral tablet dispersible 10 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
prednisolone sodium phosphate oral tablet dispersible 15 mg, 30 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
prednisone intensol oral concentrate 5 mg/ml	4	
prednisone oral solution 5 mg/5ml	2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	LCG
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	2	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	3	
Hormonal Agents - Men's Health		
danazol oral capsule 100 mg, 200 mg, 50 mg	2	
KYZATREX ORAL CAPSULE 150 MG, 200 MG	4	PA
METHITEST ORAL TABLET 10 MG	4	PA
methyltestosterone oral capsule 10 mg	2	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	2	
testosterone enanthate intramuscular solution 200 mg/ml	2	
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	2	
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)	3	
testosterone transdermal solution 30 mg/act	2	
Hormonal Agents - Pituitary		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	3	SPP; PA
ACTHAR INJECTION GEL 80 UNIT/ML	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML	4	SPP; PA; QL: Max 0.12ml per day; This drug is not available through home delivery
cabergoline oral tablet 0.5 mg	2	
cetrorelix acetate subcutaneous kit 0.25 mg	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD
CLOMID ORAL TABLET 50 MG	3	
clomiphene citrate oral tablet 50 mg	3	
CORTROPHIN INJECTION GEL 80 UNIT/ML	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	4	PA; QL: Max daily dose of 2; 30 day supply max
CRENESSITY ORAL SOLUTION 50 MG/ML	4	PA; QL: Max daily dose of 2; 30 day supply max
desmopressin ace spray refrig nasal solution 0.01 %	2	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	2	
desmopressin acetate spray nasal solution 0.01 %	2	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	4	SPP; PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	SPP; This drug is not available through home delivery; CM
FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	3	PA; This drug is not available through home delivery
leuprolide acetate injection kit 1 mg/0.2ml	2	SPP; This drug is not available through home delivery; FM
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	4	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	4	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 7.5 MG	4	SPP; This drug is not available through home delivery
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG	4	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	4	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	4	CM
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD
milophene oral tablet 50 mg	3	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	4	PA; QL: Max. 4 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SPP; PA; This drug is not available through home delivery; FM
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml, 500 mcg/ml	4	SPP; This drug is not available through home delivery
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	4	SPP; This drug is not available through home delivery
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ORILISSA ORAL TABLET 150 MG, 200 MG	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	3	SPP; PA; This drug is not available through home delivery; FM
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD
RECORLEV ORAL TABLET 150 MG	4	PA; QL: Max. 8 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	4	QL: Max. 2 ampules per day.Maximum 30 days supply per fill; This drug is not available through home delivery
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 20 MG, 30 MG	4	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG, 25 MG	4	SPP; This drug is not available through home delivery
SYNAREL NASAL SOLUTION 2 MG/ML	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD
Hormonal Agents - Prostaglandins		
mifepristone oral tablet 200 mg	$0	
mifepristone oral tablet 300 mg	4	PA; QL: Max. 4 per day.Maximum 30 days supply per fill; This drug is not available through home delivery; HSA
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET 60 MG	4	
raloxifene hcl oral tablet 60 mg	2	HSA; ACA
Hormonal Agents - Sex Hormones and Birth Control		
abigale lo oral tablet 0.5-0.1 mg	2	
abigale oral tablet 1-0.5 mg	2	
afirmelle oral tablet 0.1-20 mg-mcg	$0	WH

DRUG NAME	TIER	LIMITATIONS / *NOTES
aftera oral tablet 1.5 mg	$0	WH
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	4	HSA
altavera oral tablet 0.15-30 mg-mcg	$0	WH
alyacen 1/35 oral tablet 1-35 mg-mcg	$0	WH
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	WH
amethyst oral tablet 90-20 mcg	$0	WH
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	$0	WH
apri oral tablet 0.15-30 mg-mcg	$0	WH
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	$0	WH
ashlyna oral tablet 0.15-0.03 &0.01 mg	$0	WH
aubra eq oral tablet 0.1-20 mg-mcg	$0	WH
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
aurovela 1/20 oral tablet 1-20 mg-mcg	$0	WH
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	$0	WH
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
aurovela fe 1/20 oral tablet 1-20 mg-mcg	$0	WH
AVERI ORAL TABLET 0.15-0.03 MG	$0	WH
aviane oral tablet 0.1-20 mg-mcg	$0	WH
ayuna oral tablet 0.15-30 mg-mcg	$0	WH
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	$0	WH
balziva oral tablet 0.4-35 mg-mcg	$0	WH
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	4	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	$0	WH
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
blisovi fe 1/20 oral tablet 1-20 mg-mcg	$0	WH
briellyn oral tablet 0.4-35 mg-mcg	$0	WH
camila oral tablet 0.35 mg	$0	WH
camrese lo oral tablet 0.1-0.02 & 0.01 mg	$0	WH
camrese oral tablet 0.15-0.03 &0.01 mg	$0	WH
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	$0	WH
chateal eq oral tablet 0.15-30 mg-mcg	$0	WH
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	
CRINONE VAGINAL GEL 4 %	3	This drug is not available through home delivery; FM

DRUG NAME	TIER	LIMITATIONS / *NOTES
CRINONE VAGINAL GEL 8 %	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD
cryselle-28 oral tablet 0.3-30 mg-mcg	$0	WH
cyred eq oral tablet 0.15-30 mg-mcg	$0	WH
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	$0	WH
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	WH
daysee oral tablet 0.15-0.03 &0.01 mg	$0	WH
deblitane oral tablet 0.35 mg	$0	WH
delyla oral tablet 0.1-20 mg-mcg	$0	WH
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	$0	WH
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	$0	WH
dolishale oral tablet 90-20 mcg	$0	WH
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	HSA
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	$0	WH
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0	WH
DUAVEE ORAL TABLET 0.45-20 MG	4	HSA
econtra one-step oral tablet 1.5 mg	$0	WH
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	4	
elinest oral tablet 0.3-30 mg-mcg	$0	WH
ELLA ORAL TABLET 30 MG	$0	WH
eluryng vaginal ring 0.12-0.015 mg/24hr	$0	WH
emzahh oral tablet 0.35 mg	$0	WH
ENDOMETRIN VAGINAL INSERT 100 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD
enilloring vaginal ring 0.12-0.015 mg/24hr	$0	WH
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	$0	WH

DRUG NAME	TIER	LIMITATIONS / *NOTES
enskyce oral tablet 0.15-30 mg-mcg	$0	WH
errin oral tablet 0.35 mg	$0	WH
estarylla oral tablet 0.25-35 mg-mcg	$0	WH
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	LCG
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	4	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	HSA
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	HSA
estradiol vaginal cream 0.01 %	2	
estradiol vaginal tablet 10 mcg	2	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	2	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
ESTRING VAGINAL RING 7.5 MCG/24HR	3	
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg	3	HSA
estrogens conjugated oral tablet 1.25 mg	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0	WH
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	$0	WH
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	4	
falmina oral tablet 0.1-20 mg-mcg	$0	WH
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
feirza 1/20 oral tablet 1-20 mg-mcg	$0	WH
finzala oral tablet chewable 1-20 mg-mcg(24)	$0	WH
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
galbriela oral tablet chewable 0.8-25 mg-mcg	$0	WH
gallifrey oral tablet 5 mg	2	
gemmily oral capsule 1-20 mg-mcg(24)	$0	WH

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	WH
iclevia oral tablet 0.15-0.03 mg	$0	WH
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
incassia oral tablet 0.35 mg	$0	WH
introvale oral tablet 0.15-0.03 mg	$0	WH
isibloom oral tablet 0.15-30 mg-mcg	$0	WH
jaimiess oral tablet 0.15-0.03 &0.01 mg	$0	WH
jasmiel oral tablet 3-0.02 mg	$0	WH
jencycla oral tablet 0.35 mg	$0	WH
jinteli oral tablet 1-5 mg-mcg	2	
jolessa oral tablet 0.15-0.03 mg	$0	WH
joyeaux oral tablet 0.1-20 mg-mcg(21)	$0	WH
juleber oral tablet 0.15-30 mg-mcg	$0	WH
junel 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
junel 1/20 oral tablet 1-20 mg-mcg	$0	WH
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
junel fe 1/20 oral tablet 1-20 mg-mcg	$0	WH
junel fe 24 oral tablet 1-20 mg-mcg(24)	$0	WH
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	$0	WH
kalliga oral tablet 0.15-30 mg-mcg	$0	WH
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	$0	WH
kelnor 1/35 oral tablet 1-35 mg-mcg	$0	WH
kurvelo oral tablet 0.15-30 mg-mcg	$0	WH
larin 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
larin 1/20 oral tablet 1-20 mg-mcg	$0	WH
larin 24 fe oral tablet 1-20 mg-mcg(24)	$0	WH
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
larin fe 1/20 oral tablet 1-20 mg-mcg	$0	WH
lessina oral tablet 0.1-20 mg-mcg	$0	WH
levonest oral tablet 50-30/75-40/ 125-30 mcg	$0	WH

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	WH
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
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	2	HSA
lyza oral tablet 0.35 mg	$0	WH
marlissa oral tablet 0.15-30 mg-mcg	$0	WH
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	$0	WH
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	$0	WH
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	LCG
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml, 800 mg/20ml	2	CM
megestrol acetate oral tablet 20 mg, 40 mg	2	CM
meleya oral tablet 0.35 mg	$0	WH
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

DRUG NAME	TIER	LIMITATIONS / *NOTES
mimvey oral tablet 1-0.5 mg	2	
minzoya oral tablet 0.1-20 mg-mcg(21)	$0	WH
mono-linyah oral tablet 0.25-35 mg-mcg	$0	WH
my choice oral tablet 1.5 mg	$0	WH
my way oral tablet 1.5 mg	$0	WH
MYFEMBREE ORAL TABLET 40-1-0.5 MG	3	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	$0	WH
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0	WH
new day oral tablet 1.5 mg	$0	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 1.5-30 mg-mcg	$0	WH
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	$0	WH
norethindrone acetate oral tablet 5 mg	2	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	WH
norethindrone oral tablet 0.35 mg	$0	WH
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
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

DRUG NAME	TIER	LIMITATIONS / *NOTES
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	WH
opcicon one-step oral tablet 1.5 mg	$0	WH
option 2 oral tablet 1.5 mg	$0	WH
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	4	PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
orquidea oral tablet 0.35 mg	$0	WH
philith oral tablet 0.4-35 mg-mcg	$0	WH
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	$0	WH
portia-28 oral tablet 0.15-30 mg-mcg	$0	WH
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG	3	HSA
PREMARIN ORAL TABLET 1.25 MG	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMPHASE ORAL TABLET 0.625-5 MG	3	HSA
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	HSA
progesterone intramuscular oil 50 mg/ml	2	This drug is not available through home delivery; FM
progesterone oral capsule 100 mg, 200 mg	2	
progesterone vaginal insert 100 mg	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; FM; HCD
react oral tablet 1.5 mg	$0	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

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

Last Update: 12/15/25

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	4	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	4	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	LCG
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	4	SPP; PA; QL: Max. 4 pens per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	4	SPP; PA; QL: Max. 4 syringes per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	4	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML	4	SPP; PA; QL: One 200 mg/1.2 mL (167 mg/mL) syringe per 30 days
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	4	This drug is not available through home delivery
AURANOFIN ORAL CAPSULE 3 MG	4	
azathioprine oral tablet 50 mg	2	

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	3	SPP; PA; QL; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	2	This drug is not available through home delivery
cyclosporine modified oral solution 100 mg/ml	2	This drug is not available through home delivery
cyclosporine oral capsule 100 mg, 25 mg	2	This drug is not available through home delivery
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	3	SPP; PA; QL: Max. 4 pens per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	SPP; PA; QL: Max. 4 vials per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	3	SPP; PA; QL: Max. 8 syringes per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	3	SPP; PA; QL: Max. 4 syringes per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	3	SPP; PA; QL: Max. 4 pens per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	This drug is not available through home delivery
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	4	This drug is not available through home delivery
everolimus oral tablet 1 mg	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
gengraf oral capsule 100 mg, 25 mg	2	This drug is not available through home delivery
gengraf oral solution 100 mg/ml	2	This drug is not available through home delivery
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	4	SPP; PA; QL: Max. 40 vials per 28 days; This drug is not available through home delivery
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	4	SPP; PA; QL: Max. 27 vials per 28 days; 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); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
mycophenolate mofetil oral tablet 500 mg	2	This drug is not available through home delivery
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	2	This drug is not available through home delivery
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	2	This drug is not available through home delivery
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	4	SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML	3	PA
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML	3	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	3	SPP; PA
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	SPP; PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	4	SPP; PA; QL: Max. 4 auto injector per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	4	SPP; PA; QL: Max. 4 syringes per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	4	SPP; PA; QL: Max. 4 syringes per 28 day(s); This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
ORLADEYO ORAL CAPSULE 110 MG	4	PA; QL: Max. 1 per day.Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ORLADEYO ORAL CAPSULE 150 MG	4	PA; QL: Max. 1 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
OTEZLA ORAL TABLET 20 MG	3	SPP; PA; QL: 2 per day
OTEZLA ORAL TABLET 30 MG	3	SPP; PA; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	3	SPP; PA; QL: Limit fills to 1 in 365 days; Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	3	SPP; PA; QL: 2 per day; max 1 fill per 365 days
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	This drug is not available through home delivery
REZUROCK ORAL TABLET 200 MG	4	PA; QL: Max. 1 per day.Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
RIDAURA ORAL CAPSULE 3 MG	4	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	3	SPP; PA; QL: 6 mL per day

DRUG NAME	TIER	LIMITATIONS / *NOTES
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	3	SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	4	PA; QL: 4 vials per fill; This drug is not available through home delivery
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	3	SPP; PA; QL: Max. 1 pen per 30 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	SPP; PA; QL: Max. 1 pen per 30 day(s); This drug is not available through home delivery
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	3	SPP; PA; QL: Max. 1 pen per 30 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
sirolimus oral solution 1 mg/ml	3	This drug is not available through home delivery
sirolimus oral tablet 0.5 mg, 1 mg	2	This drug is not available through home delivery
sirolimus oral tablet 2 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	SPP; PA; QL: Max. 1 pen per 84 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	3	SPP; PA; QL: Max. 1 cartridge per 56 days.; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	3	SPP; PA; QL: Maximum quantity of 0.043 per 1 Day[s]. Maximum of 56 days supply per fill. Max. 1 pen per 56 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	SPP; PA; QL: Max. 1 prefilled syringes per 84 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	4	PA; QL: Two syringes per 28 days; 30 day supply max
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	2	This drug is not available through home delivery
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	4	SPP; PA; QL: MAX 2 vials (4mL) per 28 days.; This drug is not available through home delivery
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	SPP; PA; QL: 2 syringes per 28 days; This drug is not available through home delivery
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	SPP; PA; QL: Max. 2 pre-filled syringes (4mL) per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	3	SPP; PA; QL: Max. 1 auto injector per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML	3	SPP; PA; QL: 1 prefilled syringe per 28 days
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	3	SPP; PA; QL: Max. 1 syringe per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
TREMFYA 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; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	3	SPP; PA; QL: 1 per 28 days
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	3	SPP; PA; QL: 1 per 28 days
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	
XATMEP ORAL SOLUTION 2.5 MG/ML	4	

DRUG NAME	TIER	LIMITATIONS / *NOTES
XELJANZ ORAL SOLUTION 1 MG/ML	3	SPP; PA; QL: Max. 10 ml per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
XELJANZ ORAL TABLET 10 MG, 5 MG	3	SPP; PA; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3	SPP; PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	SPP; PA; QL: Max. 1 syringe per 84 days
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	3	SPP; PA; QL: Max. 1 syringe per 84 days
Immunological Agents - Drugs for Vaccination		
VIVOTIF ORAL CAPSULE DELAYED RELEASE	4	
Inflammatory Bowel Disease Agents		
balsalazide disodium oral capsule 750 mg	2	
budesonide er oral tablet extended release 24 hour 9 mg	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
budesonide oral capsule delayed release particles 3 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
budesonide rectal foam 2 mg, 2 mg/act	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
CORTIFOAM EXTERNAL FOAM 10 %	4	
DIPENTUM ORAL CAPSULE 250 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
hydrocortisone (perianal) external cream 1 %, 2.5 %	2	
hydrocortisone ace-pramoxine external cream 1-1 %	2	
hydrocortisone rectal enema 100 mg/60ml	3	
mesalamine er oral capsule extended release 24 hour 0.375 gm	3	
mesalamine er oral capsule extended release 500 mg	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
mesalamine oral capsule delayed release 400 mg	3	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	3	
mesalamine rectal enema 4 gm	2	
mesalamine rectal suppository 1000 mg	3	
mesalamine-cleanser rectal kit 4 gm	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
procto-med hc external cream 2.5 %	2	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	2	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	2	
sulfasalazine oral tablet 500 mg	2	
sulfasalazine oral tablet delayed release 500 mg	2	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	4	PA; QL: Max. 4 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution 70 mg/75ml	4	QL: Max. 300 ML per 28 day(s); HSA
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	2	HSA
calcitonin (salmon) nasal solution 200 unit/act	2	HSA
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	4	QL: Max. 4 tabs per 28 day(s); HSA
ibandronate sodium oral tablet 150 mg	2	HSA
risedronate sodium oral tablet 150 mg, 35 mg, 5 mg	2	HSA
risedronate sodium oral tablet 30 mg	2	QL: Max. 1 tab per day; HSA
risedronate sodium oral tablet delayed release 35 mg	2	HSA
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	3	SPP; PA; QL: Max. 1 pen per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	SPP; PA; QL: Max. 1 pen per 28 day(s); This drug is not available through home delivery; HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	3	PA; QL: Max. 1 pen per 30 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	
calcitriol oral solution 1 mcg/ml	2	
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	3	This drug is not available through home delivery
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	2	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	2	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	4	PA
Miscellaneous Therapeutic Agents		
AEROCHAMBER HOLDING CHAMBER DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
AEROCHAMBER MINI CHAMBER DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
AEROCHAMBER MV	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
AEROCHAMBER PLUS FLOW VU	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
AEROCHAMBER2GO ANTI-STATIC DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	3	HSA
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	3	HSA
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	3	HSA
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	3	HSA

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
BREATHE EASE MEDIUM DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
BREATHE EASE PEAK FLOW METER DEVICE	MD	HSA
BREATHE EASE SMALL DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
BREATHERITE VALVED MDI CHAMBER DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	4	PA; QL: Max 4 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG	4	PA; QL: Max 1 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
BYLVAY ORAL CAPSULE 1200 MCG	4	PA; QL: Max 2 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
BYLVAY ORAL CAPSULE 400 MCG	4	PA; QL: Max 6 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
CAREPOINT POLY HUB NEEDLE 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	4	
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	4	
CAREPOINT SYRINGE LUER LOCK 1 ML	4	
CAREPOINT SYRINGE LUER SLIP 1 ML	4	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2"	4	
CARETOUCH LUER LOCK 1 ML	4	
CAYA VAGINAL DIAPHRAGM	$0	WH

DRUG NAME	TIER	LIMITATIONS / *NOTES
CLEVER CHOICE HOLDING CHAMBER DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
CLEVER CHOICE PEAK FLOW METER DEVICE	MD	HSA
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM	3	HSA
COMPACT SPACE CHAMBER DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
COMPACT SPACE CHAMBER/LG MASK DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
COMPACT SPACE CHAMBER/MED MASK DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
COMPACT SPACE CHAMBER/SM MASK DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
CONDOMS	$0	QL: Max 144 per 365 days; WH
DEFLUX METAL NEEDLE 23G X 350MM	4	
DROPLET MICRON 34G X 3.5 MM	3	HSA
DROPSAFE SICURA 25G X 1"	4	
DUREX EXTRA SENSITIVE THIN	$0	QL: Max 144 per 365 days; WH
DUREX EXTRA SENSITIVE THIN DEVICE	$0	QL: Max 144 per 365 days; WH
DUREX TROPICAL	$0	QL: Max 144 per 365 days; WH

DRUG NAME	TIER	LIMITATIONS / *NOTES
EASIVENT	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
EASY GLIDE LUER LOCK SYRINGE 1 ML	4	
EASY GLIDE SLIP LOCK SYRINGE 1 ML	4	
EASYPOINT NEEDLE 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	4	
EMBECTA AUTOSHIELD DUO 30G X 5 MM	3	HSA
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	3	HSA
EMBECTA PEN NEEDLE NANO 32G X 4 MM	3	HSA
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	3	HSA
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	3	HSA
EPISIL MOUTH/THROAT LIQUID	3	
FC2 FEMALE CONDOM	$0	QL: Max 144 per 365 days; WH
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	$0	WH
FLEXICHAMBER ADULT MASK/SMALL	MD	HSA
FLEXICHAMBER CHILD MASK/LARGE	MD	HSA
FLEXICHAMBER CHILD MASK/SMALL	MD	HSA
FLEXICHAMBER DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
GELCLAIR MOUTH/THROAT GEL	3	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	4	
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	3	HSA
INSPIREASE RESERVOIR BAGS	MD	HSA
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
INSUPEN32G EXTR3ME 32G X 6 MM	3	HSA
IWILFIN ORAL TABLET 192 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; QL: Max. 1 per day
KERENDIA ORAL TABLET 40 MG	4	PA; QL: 1 per day
LIVMARLI ORAL SOLUTION 19 MG/ML	4	PA; QL: 2 per day; 30 day supply max
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; QL: Max 3 ml per day.Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
METHERGINE ORAL TABLET 0.2 MG	2	
methylergonovine maleate oral tablet 0.2 mg	2	
MICROCHAMBER DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
MINI WRIGHT PEAK FLOW METER DEVICE	MD	HSA
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	4	
NORM-JECT LUER SLIP SYRINGE 1 ML	4	
NOVOFINE PEN NEEDLE 32G X 6 MM	3	HSA
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	3	HSA
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	4	PA; QL: Max. 1 in 365 days; HSA
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	PA; QL: 10 pods per 30 days; HSA
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	PA; QL: Max. 10 pods per 28 days; HSA
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	3	PA; QL: 1 kit per 365 days; HSA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	PA; QL: 10 pods per 30 days; HSA
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL: Max. 1 per day; HSA
OMNIPOD DASH PODS (GEN 4)	3	QL: Max. 10 pods per 28 days; HSA
OPTICHAMBER DIAMOND	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
OPTICHAMBER DIAMOND-LG MASK DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
OPTICHAMBER DIAMOND-MD MASK	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
OPTICHAMBER DIAMOND-SM MASK	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	$0	WH
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	4	This drug is not available through home delivery
PANDA MASK LARGE	MD	HSA
PANDA MASK MEDIUM	MD	HSA
PANDA MASK SMALL	MD	HSA
PARI VORTEX ADULT MASK	MD	HSA
PARI VORTEX PEDIATRIC MASK	MD	HSA
PEAK A-I-R FLOW METER DEVICE	MD	HSA
PEDIATRIC PANDA MASK	MD	HSA
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM , 32G X 4 MM	3	HSA
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	3	HSA
PERFECT POINT SAFETY NEEDLE 25G X 1"	4	
PHEXX VAGINAL GEL 1.8-1-0.4 %	$0	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD; WH
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
POCKET SPACER DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
PRECISION XTRA-GLUCOSE/KETONE DEVICE	MD	QL: Maximum quantity of 1 per 365 day(s); HSA
PRO COMFORT SPACER ADULT	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
PRO COMFORT SPACER CHILD	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
PRO COMFORT SPACER INFANT DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
PROCARE SPACER/ADULT MASK DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
PROCARE SPACER/CHILD MASK DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
PURE COMFORT FLOW METER ADULT DEVICE	MD	HSA
PURE COMFORT FLOW METER CHILD DEVICE	MD	HSA
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
PURE COMFORT SPACER CHAMBER DEVICE	MD	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	3	HSA
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	4	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	3	HSA
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	3	HSA
SECURESAFE HYPODERMIC NEEDLE 22G X 1" , 25G X 1-1/2"	4	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	4	PA; QL: Maximum of 30 days supply per fill
SYRINGE LUER SLIP 1 ML	4	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM	3	HSA
TODAY SPONGE VAGINAL 1000 MG	$0	WH
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	3	HSA
TRUE COVER DEVICE	$0	QL: Max 144 per 365 days; WH
TRUZONE PEAK FLOW METER DEVICE	MD	HSA
UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM	3	HSA
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM	3	HSA
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	$0	WH
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	$0	WH
VEOZAH ORAL TABLET 45 MG	4	PA; QL: 30 tablets/30 days
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	HSA
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	3	HSA
VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" , 25G X 1"	4	
V-GO 20 KIT 20 UNIT/24HR	3	QL: Max. 1 per day; HSA
V-GO 30 KIT 30 UNIT/24HR	3	QL: Max. 1 per day; HSA
V-GO 40 KIT 40 UNIT/24HR	3	QL: Max. 1 per day; HSA
VISTOGARD ORAL PACKET 10 GM	4	

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
azelastine hcl ophthalmic solution 0.05 %	2	
bacitracin ophthalmic ointment 500 unit/gm	2	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	3	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	4	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	4	
ciprofloxacin hcl ophthalmic solution 0.3 %	2	
cromolyn sodium ophthalmic solution 4 %	2	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	2	
diclofenac sodium ophthalmic solution 0.1 %	2	
difluprednate ophthalmic emulsion 0.05 %	3	
epinastine hcl ophthalmic solution 0.05 %	2	
erythromycin ophthalmic ointment 5 mg/gm	2	
eye itch relief ophthalmic solution 0.035 %	1	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	4	
fluorometholone ophthalmic suspension 0.1 %	2	
flurbiprofen sodium ophthalmic solution 0.03 %	2	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	3	
gatifloxacin ophthalmic solution 0.5 %	2	
gentamicin sulfate ophthalmic solution 0.3 %	2	
goodsense eye itch relief ophthalmic solution 0.035 %	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	4	
INVELTYS OPHTHALMIC SUSPENSION 1 %	4	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	2	
ketotifen fumarate ophthalmic solution 0.035 %	1	
levofloxacin ophthalmic solution 0.5 %	2	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
LOTEMAX SM OPHTHALMIC GEL 0.38 %	3	
loteprednol etabonate ophthalmic gel 0.5 %	3	
loteprednol etabonate ophthalmic suspension 0.2 %	4	
loteprednol etabonate ophthalmic suspension 0.5 %	3	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	4	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	2	

Last Update: 12/15/25

DRUG NAME	TIER	LIMITATIONS / *NOTES
moxifloxacin hcl ophthalmic solution 0.5 %	2	
NATACYN OPHTHALMIC SUSPENSION 5 %	3	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	2	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	2	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	4	
ofloxacin ophthalmic solution 0.3 %	2	
olopatadine hcl ophthalmic solution 0.2 %	2	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	3	
prednisolone acetate ophthalmic suspension 1 %	2	
prednisolone sodium phosphate ophthalmic solution 1 %	2	
sulfacetamide sodium ophthalmic ointment 10 %	2	
sulfacetamide sodium ophthalmic solution 10 %	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	4	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	4	
tobramycin ophthalmic solution 0.3 %	2	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	
TOBREX OPHTHALMIC OINTMENT 0.3 %	4	
trifluridine ophthalmic solution 1 %	2	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	4	PA; QL: 1 bottle per fill and 2 fills per year; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er oral capsule extended release 12 hour 500 mg	2	HSA
acetazolamide oral tablet 125 mg, 250 mg	2	HSA
apraclonidine hcl ophthalmic solution 0.5 %	2	
betaxolol hcl ophthalmic solution 0.5 %	2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	4	
bimatoprost ophthalmic solution 0.03 %	2	ST

DRUG NAME	TIER	LIMITATIONS / *NOTES
brimonidine tartrate ophthalmic solution 0.1 %	3	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	2	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	3	
brinzolamide ophthalmic suspension 1 %	3	
carteolol hcl ophthalmic solution 1 %	1	LCG
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	2	
dorzolamide hcl solution 2 % ophthalmic	2	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	4	
latanoprost ophthalmic solution 0.005 %	2	
levobunolol hcl ophthalmic solution 0.5 %	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
methazolamide oral tablet 25 mg, 50 mg	2	HSA
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
tafluprost (pf) ophthalmic solution 0.0015 %	3	
timolol hemihydrate ophthalmic solution 0.5 %	4	
timolol maleate (once-daily) ophthalmic solution 0.5 %	4	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	2	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	LCG
travoprost (bak free) ophthalmic solution 0.004 %	3	ST
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
altafrin ophthalmic solution 10 %, 2.5 %	2	
artificial tears ophthalmic solution , 0.5-0.6 %, 5-6 mg/ml	1	
atropine sulfate ophthalmic solution 1 %	2	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	2	
carboxymethylcellulose sodium ophthalmic solution 0.5 %	1	
cvs lubricant eye drops ophthalmic solution 0.4-0.3 %	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %	4	
cyclopentolate hcl ophthalmic solution 1 %	2	
cyclosporine ophthalmic emulsion 0.05 %	3	QL

DRUG NAME	TIER	LIMITATIONS / *NOTES
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	4	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
dry eye relief drops ophthalmic solution 0.2-0.2-1 %	1	
ft lubricant eye drops ophthalmic solution 0.4-0.3 %	1	
lubricant eye drop ophthalmic solution 0.6 %	1	
lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.5 %, 0.6 %	1	
lubricating tears eye drops ophthalmic solution 0.5 %	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	2	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	2	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	4	PA; QL: Max. of 8 kits (56 vials) per affected eye per lifetime.Maximum 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	2	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	2	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	2	
polyvinyl alcohol ophthalmic solution 1.4 %	1	
proparacaine hcl ophthalmic solution 0.5 %	2	
qc artificial tears ophthalmic solution 0.5-0.6 %	1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL: Max. 2 bottles per 30 days
stye ophthalmic solution 0.5-0.6 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	2	
tetracaine hcl ophthalmic solution 0.5 %	2	
tropicamide ophthalmic solution 0.5 %, 1 %	2	
ultra lubricating eye drops ophthalmic solution 0.4-0.3 %	1	
XIIDRA OPHTHALMIC SOLUTION 5 %	3	QL: Max. 2 per day
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
Otic Agents - Drugs for Ear Conditions		
acetic acid otic solution 2 %	2	
CIPRO HC OTIC SUSPENSION 0.2-1 %	4	
ciprofloxacin hcl otic solution 0.2 %	2	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	3	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 %	4	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	4	
fluocinolone acetonide otic oil 0.01 %	2	
hydrocortisone-acetic acid otic solution 1-2 %	2	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	2	
ofloxacin otic solution 0.3 %	2	
OTOVEL OTIC SOLUTION 0.3-0.025 %	4	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
allergy (cetirizine) oral tablet 10 mg	1	
allergy 24hour indoor/outdoor oral tablet 10 mg	1	
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy childrens oral solution 5 mg/5ml	1	
allergy oral capsule 25 mg	1	
allergy rel child (loratadine) oral solution 5 mg/5ml	1	
allergy relief (cetirizine) oral tablet 10 mg	1	
allergy relief (loratadine) oral capsule 10 mg	1	
allergy relief (loratadine) oral tablet 10 mg	1	
allergy relief cetirizine oral tablet 10 mg, 5 mg	1	
allergy relief childrens 24-hr oral solution 1 mg/ml	1	
allergy relief childrens oral liquid 12.5 mg/5ml	1	
allergy relief childrens oral solution 1 mg/ml, 5 mg/5ml	1	
allergy relief oral capsule 25 mg	1	
allergy relief oral liquid 25 mg/10ml	1	
allergy relief oral tablet 10 mg, 25 mg	1	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
azelastine-fluticasone nasal suspension 137-50 mcg/act	2	
banophen oral tablet 25 mg	1	
benzonatate oral capsule 100 mg	1	
benzonatate oral capsule 200 mg	2	
carbinoxamine maleate oral solution 4 mg/5ml	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
carbinoxamine maleate oral tablet 4 mg, 6 mg	2	
cetirizine hcl childrens alrgy oral solution 1 mg/ml	1	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	2	
cetirizine hcl oral tablet 10 mg, 5 mg	1	
chest congestion relief child oral liquid 100 mg/5ml	1	
chest congestion relief oral liquid 100 mg/5ml	1	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	4	
clemastine fumarate oral tablet 2.68 mg	2	
cyproheptadine hcl oral syrup 2 mg/5ml	2	
cyproheptadine hcl oral tablet 4 mg	2	
desloratadine oral tablet 5 mg	2	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	2	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML	4	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
flunisolide nasal solution 25 mcg/act (0.025%)	2	
fluticasone propionate nasal suspension 50 mcg/act	1	LCG
ft all day allergy 24 hour oral tablet 10 mg	1	
ft all day allergy childrens oral solution 5 mg/5ml	1	
ft all day allergy oral tablet 10 mg	1	
ft all day allergy relief oral tablet 10 mg	1	
ft allergy childrens oral solution 5 mg/5ml	1	
ft allergy relief cetirizine oral tablet 10 mg	1	
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief childrens oral solution 5 mg/5ml	1	
ft allergy relief loratadine oral tablet 10 mg	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 10 mg, 25 mg	1	
ft nasal decongestant max str oral tablet 30 mg	1	
ft nasal decongestant pe oral tablet 10 mg	1	
ft tussin adult oral liquid 200 mg/10ml	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
geri-tussin oral liquid 100 mg/5ml	1	
giltuss honey dm childrens oral liquid 15 mg/5ml	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
giltuss honey dm oral liquid 30 mg/10ml	1	
goodsense allergy relief child oral solution 5 mg/5ml	1	
goodsense allergy relief oral capsule 25 mg	1	
goodsense allergy relief oral tablet 25 mg	1	
guaifed oral liquid 100 mg/5ml	1	
guaifenesin oral liquid 100 mg/5ml	1	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	2	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	2	
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	2	
hydromet oral solution 5-1.5 mg/5ml	2	
ipratropium bromide nasal solution 0.03 %, 0.06 %	2	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	2	
levocetirizine dihydrochloride oral tablet 5 mg	2	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
loratadine childrens oral solution 5 mg/5ml	1	
loratadine oral solution 5 mg/5ml	1	
loratadine oral tablet 10 mg	1	
maxi-tuss ac oral solution 100-10 mg/5ml	2	
m-dryl oral liquid 12.5 mg/5ml	1	
mometasone furoate nasal suspension 50 mcg/act	2	
mucus & chest congestion oral liquid 200 mg/10ml	1	
nasal decongestant oral tablet 30 mg	1	
nasal decongestant pe oral tablet 10 mg	1	
nasal moisturizing spray nasal solution 0.65 %	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	4	
olopatadine hcl nasal solution 0.6 %	2	
promethazine-codeine oral solution 6.25-10 mg/5ml	2	
promethazine-dm oral syrup 15-6.25 mg/5ml, 6.25-15 mg/5ml	2	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	2	
pseudoephedrine hcl oral tablet 60 mg	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	2	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 %	2	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	4	

DRUG NAME	TIER	LIMITATIONS / *NOTES
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	4	
saline nasal spray nasal solution 0.65 %	1	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	2	
sudogest maximum strength oral tablet 30 mg	1	
sudogest oral tablet 60 mg	1	
tusnel-ex oral liquid 100 mg/5ml	1	
tussin mucus & chest congest oral liquid 100 mg/5ml	1	
tussin mucus+chest congest sf oral liquid 200 mg/10ml	1	
tussin mucus+chest congestion oral liquid 100 mg/5ml	1	
tussin oral liquid 100 mg/5ml	1	
wal-zyr allergy childrens oral solution 1 mg/ml	1	
wal-zyr childrens oral solution 5 mg/5ml	1	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation solution 10 %, 20 %	2	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL: Max. 1 inhaler per 30 day(s); HSA
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	2	HSA
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	2	HSA
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	2	HSA
albuterol sulfate oral syrup 2 mg/5ml	2	HSA
albuterol sulfate oral tablet 2 mg, 4 mg	2	HSA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL: Max. 1 inhaler per 30 day(s); HSA
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	3	QL: Max. 2 vials per day; HSA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	3	HSA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL: Max. 1 inhaler per 30 day(s); HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL: 1 inhaler per month; HSA
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	2	HSA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	HSA
cromolyn sodium inhalation nebulization solution 20 mg/2ml	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
epinephrine injection solution auto-injector 0.15 mg/0.15ml	2	QL: 2 pens per fill; This drug is not available through home delivery; HSA; EPI
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	2	QL: 2 pens per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD; EPI
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	4	QL: 2 pens per fill; HSA; EPI
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	3	SPP; PA; QL: Max. 1 pen per 56 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	4	ST; HSA; AL (Max 6 Years)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL: Max. 1 inhaler per 30 day(s); HSA; ACA
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL: Max. 1 inhaler per 30 day(s); HSA
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	3	QL: Max. 2 vials per day; HSA
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL: Max. 1 inhaler per 30 day(s); HSA
ipratropium bromide inhalation solution 0.02 %	2	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	HSA
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	2	HSA
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	HSA
montelukast sodium oral packet 4 mg	2	HSA
montelukast sodium oral tablet 10 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
montelukast sodium oral tablet chewable 4 mg, 5 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	3	SPP; PA; QL: Max. 1 auto injector per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	SPP; PA; QL: Max. 1 syringe per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	SPP; PA; QL: Max. 1 auto injector per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
OFEV ORAL CAPSULE 100 MG, 150 MG	3	SPP; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	4	PA; HSA
pirfenidone oral capsule 267 mg	3	SPP; QL: 6 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
pirfenidone oral tablet 267 mg	3	SPP; QL: 6 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
pirfenidone oral tablet 801 mg	3	SPP; QL: Max. 3 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	3	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
roflumilast oral tablet 250 mcg, 500 mcg	2	HSA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL: Max. 1 inhaler per 30 day(s); HSA
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	QL: Max. 1 inhaler per 30 day(s); HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL: Max. 1 inhaler per 30 day(s); HSA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL: Max. 1 inhaler per 30 day(s); HSA
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	QL: Max 2 inhalers per 30 days; HSA
terbutaline sulfate oral tablet 2.5 mg, 5 mg	2	HSA
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	3	SPP; PA; QL: 1 pen per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	4	HSA
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	2	HSA
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	2	HSA
theophylline oral solution 80 mg/15ml	2	HSA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL: Max. 2 blisters per day. Max. 1 inhaler per 30 day(s); HSA
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL: Max. 1 inhaler per 30 day(s); HSA; ACA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/0.5ML	3	SPP; PA; QL: Max. 8 syringes per 28 days; HSA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	3	SPP; PA; QL: Maximum of 4 syringes per 28 days; HSA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	3	SPP; PA; QL: Max. 8 syringes per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	SPP; PA; QL: Maximum of 4 syringes per 28 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
zafirlukast oral tablet 10 mg, 20 mg	2	HSA
zileuton er oral tablet extended release 12 hour 600 mg	4	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; HCD
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG	4	SPP; PA; QL: Max Daily Dose 2
ALYFTREK ORAL TABLET 4-20-50 MG	4	SPP; PA; QL: Max Daily Dose 3
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	4	QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
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	4	SPP; PA; QL: Max. 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML	3	SPP; This drug is not available through home delivery
ORKAMBI ORAL PACKET 100-125 MG	4	SPP; PA; QL: Max. 2 per day.; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
ORKAMBI ORAL PACKET 150-188 MG	4	SPP; PA; QL: Max. 2 per day.; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ORKAMBI ORAL PACKET 75-94 MG	4	PA; QL: Max. 2 per day; This drug is not available through home delivery
ORKAMBI ORAL TABLET 100-125 MG	4	SPP; PA; QL: Max. 4 per day.; This drug is not available through home delivery
ORKAMBI ORAL TABLET 200-125 MG	4	SPP; PA; QL: Max. 4 per day.; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	3	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	4	SPP; PA; QL: Max. 2 per day.; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	4	SPP; PA; QL: Max. 2 per day.; This drug is not available through home delivery
TOBI PODHALER INHALATION CAPSULE 28 MG	3	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
tobramycin inhalation nebulization solution 300 mg/4ml	3	SPP; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
tobramycin nebulization solution 300 mg/5ml inhalation	2	SPP; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	2	SPP; This drug is not available through home delivery
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	4	SPP; PA; QL: Max. 3 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	4	SPP; PA; QL; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	4	SPP; PA; QL: 60 per 30 days; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS ORAL TABLET 0.5 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
ADEMPAS ORAL TABLET 1 MG, 1.5 MG, 2 MG, 2.5 MG	3	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
alyq oral tablet 20 mg	2	SPP; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
ambrisentan oral tablet 10 mg	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ambrisentan oral tablet 5 mg	3	SPP; PA; This drug is not available through home delivery
bosentan oral tablet 125 mg	3	SPP; PA; This drug is not available through home delivery
bosentan oral tablet 62.5 mg	3	SPP; PA; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
bosentan oral tablet soluble 32 mg	3	SPP; PA; This drug is not available through home delivery
OPSUMIT ORAL TABLET 10 MG	3	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	4	PA; QL: 1 pack per lifetime.Maximum 30 days supply per fill
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	4	PA; QL: 1 pack per lifetime.Maximum 30 days supply per fill
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25	4	PA; QL: 1 pack per lifetime.Maximum 30 days supply per fill
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
sildenafil citrate oral suspension reconstituted 10 mg/ml	3	SPP; PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
sildenafil citrate oral tablet 20 mg	2	SPP; PA; This drug is not available through home delivery
tadalafil (pah) oral tablet 20 mg	2	SPP; PA; This drug is not available through home delivery
TRACLEER ORAL TABLET SOLUBLE 32 MG	3	SPP; PA; This drug is not available through home delivery
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	3	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 80 MCG	3	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	3	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
TYVASO INHALATION SOLUTION 0.6 MG/ML	3	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	3	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	3	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD

DRUG NAME	TIER	LIMITATIONS / *NOTES
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; QL: Maximum of 30 days supply per fill; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	4	PA; QL: 2 kits per month. maximum of 30 days supply per fill
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral solution 10 mg/5ml, 5 mg/5ml	4	
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
carisoprodol oral tablet 250 mg, 350 mg	2	
chlorzoxazone oral tablet 250 mg	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	2	
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	3	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	2	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	2	
metaxalone oral tablet 400 mg, 800 mg	2	
methocarbamol oral tablet 500 mg	1	This drug is not available through home delivery; LCG
methocarbamol oral tablet 750 mg	1	LCG
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	2	
OZOBAX DS ORAL SOLUTION 10 MG/5ML	4	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	2	
tizanidine hcl oral tablet 2 mg, 4 mg	2	
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	2	PA; QL: Max. 1 per day
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	QL: Max. 1 per day; ST
doxepin hcl oral tablet 3 mg, 6 mg	3	ST

DRUG NAME	TIER	LIMITATIONS / *NOTES
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	4	ST
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	2	
flurazepam hcl oral capsule 15 mg, 30 mg	2	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA; QL: 158 mL per 30 days; This drug is not available through home delivery
modafinil oral tablet 100 mg, 200 mg	2	PA; QL: Max. 1 per day
ramelteon oral tablet 8 mg	2	
SUNOSI ORAL TABLET 150 MG	3	PA; QL: Max. 1 per day
SUNOSI ORAL TABLET 75 MG	3	PA; QL: Max. 1 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
tasimelteon oral capsule 20 mg	4	PA; QL: Max. 1 per day; This drug is not available through home delivery
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	2	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; QL: Max 2 per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
XYREM ORAL SOLUTION 500 MG/ML	4	PA; QL: Max. 18 ML(s) per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
XYWAV ORAL SOLUTION 500 MG/ML	4	PA; QL: Max. 18 ml per day; In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain high dollar specialty drugs will not exceed a certain dollar amount. Check your benefit documents.; HCD
zaleplon oral capsule 10 mg, 5 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	2	
zolpidem tartrate oral tablet 10 mg, 5 mg	2	
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	2	

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:
Civil Rights Coordinator Legal Dept.
1 Wellness Way Canton, MA 02021-1166
Phone: 888-880-8699 ext. 48000, [TTY number – 800-439-2370 or 711] Fax: 617-972-9048
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.**

tuftshealthplan.com | 800-462-0224

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

Arabic . للحصول على خدمة ال ترجمة المجانية باللغة العربية، ير ىج الاتصال على الرقم المدون على بطاقة الهوية الخاصة بكى

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 αιΓδωρεάνδησαρφάτεμδταδΕλληνικά,δκαλέστεδτονδαριθμόδπουδαναγράφεταιδστην δ ήκιτσιρωνγαναδκάρταδσας.

જરાતી (Gujarati) ધ્યાન આપો : જો તમે જરાતી બોલતા હો તો આપનુ ે માટ ભાષાકય સહાય તદ્દન મફત ઉપલબ્ધ છે. િવશેષ માહતી માટ ફોન કરો. 1-888-333-4742 (TTY: 711)

Haitian Creole Pou jwenn tradiksyon gratis nan lang kreyòl ayisyen, rele nimewo ki sou kat ID ou a. **हदं (Hindi)** ध्यान दिजए: अगर आप हदं बोलते ह तो आपके लये भाषाक सहायता मफ्तु म उपलब्ध है. जानकार के लये फोन करे. 1-888-333-4742 (TTY: 711)

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 néé ho'dílzingo nantinígíí bikáá'.

Persian. بزنی بد زنگ تان شناسا ئ کارت در مندرج تلفن شماره ب بھ فارسی رایگانن ترجم بھ برای
Polish Aby uzyskaćδbezpłatne tłumaczenie w języku polskim, należy zadzwonićδna numer znajdujący się δ 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 nămδcước của bạn.