Effective Jan. 1, 2025

Prescription drug list

Value 4-Tier

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

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

Visit **welcome.optumrx.com/thpvalue4t** 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 Value 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 Value 4-Tier prescription drug list?

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

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

Coverage indicator	Description
$0	Drug may be covered without member cost sharing for some benefit plans.
Tier 1 ($)	Tier 1 is made up of generics only. These drugs contain the same active ingredients as their brand- name counterparts.
Tier 2 ($$)	Tier 2 is primarily made up of preferred brand name drugs that have no generic equivalents available. These drugs have been selected by your plan because of their overall high value based on a review of the relative safety, effectiveness and cost of the many brand name drugs on the market. Tier 2 may also include some generic drugs that have lower-cost or over-the- counter alternatives available.
Tier 3 ($$$)	Tier 3 is primarily made up of preferred specialty drugs and non-preferred brand name drugs. Tier 3 may also include some generic drugs that have lower-cost or over-the-counter alternatives available.
Tier 4 ($$$$)	Tier 4 is primarily made up of non-preferred specialty drugs. Tier 4 may also include selected brand and generic drugs.
Medical (MD)	Drug covered under medical benefit and may be obtained at a retail pharmacy.

Please note: Some plans may require you to pay a deductible for prescription medications before copayments and/or coinsurance apply. Refer to your 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/thpvalue4t** 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/thpvalue4t** 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.
FM	This medication is only covered if your plan includes an infertility benefit. 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.
INST1	**MA Health Connector Tier 1 Insulin** – For select plans in MA this medication will be covered at a lower copayment (Tier 1 cost share).
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	1	
DICLOFENAC PATCH EXTERNAL PATCH 1.3 %	2	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	
diclofenac sodium external solution 1.5 %	1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	1	
diflunisal oral tablet 500 mg	1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
fenoprofen calcium oral capsule 400 mg	3	
FLECTOR EXTERNAL PATCH 1.3 %	2	
flurbiprofen oral tablet 100 mg, 50 mg	1	
ft aspirin low dose oral tablet delayed release 81 mg	$0	HSA; ACA
ft aspirin oral tablet chewable 81 mg	$0	HSA; ACA
ft ibuprofen childrens oral suspension 100 mg/5ml	1	
ft ibuprofen infants oral suspension 50 mg/1.25ml	1	
goodsense aspirin low dose oral tablet delayed release 81 mg	$0	HSA; ACA
goodsense ibuprofen childrens oral suspension 100 mg/5ml	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
ibuprofen childrens oral suspension 100 mg/5ml	1	
ibuprofen infants oral suspension 50 mg/1.25ml	1	
ibuprofen oral suspension 200 mg/10ml	1	Institutional product not covered.
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	LCG
ibuprofen suspension 100 mg/5ml oral (rx)	1	
ibuprofen suspension 100 mg/5ml oral (rx)	1	Institutional product not covered.
ibuprofen-famotidine oral tablet 800-26.6 mg	4	PA
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	LCG
indomethacin oral suspension 25 mg/5ml	3	
indomethacin rectal suppository 50 mg	3	
ketoprofen er oral capsule extended release 24 hour 200 mg	1	
ketoprofen oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral tablet 10 mg	1	
meclofenamate sodium oral capsule 100 mg, 50 mg	2	
mefenamic acid oral capsule 250 mg	1	
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	1	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral suspension 125 mg/5ml	3	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	LCG
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	3	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	2	PA
oxaprozin oral tablet 600 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY	3	QL: Max. quantity of 5 per fill
sulindac oral tablet 150 mg, 200 mg	1	
TOLECTIN 600 ORAL TABLET 600 MG	1	
tolmetin sodium oral tablet 600 mg	1	
Analgesics - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
ascomp-codeine oral capsule 50-325-40-30 mg	1	
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	2	PA; QL: Max. 4 per 28 days
butalbital-acetaminophen oral capsule 50-300 mg	1	
butalbital-acetaminophen oral tablet 50-300 mg	2	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
butorphanol tartrate nasal solution 10 mg/ml	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL: Max. 10 per 30 days
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	2	PA; QL: Max. 10 per 30 days
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	4	PA; QL: Max. 2 per day
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg	2	PA; QL: Max. 1 per day
hydromorphone hcl er oral tablet extended release 24 hour 32 mg	2	PA; QL: Max. 2 per day
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	
JOURNAVX ORAL TABLET 50 MG	3	QL: Max 30 tabs per 14 days in a 90 day period
levorphanol tartrate oral tablet 2 mg, 3 mg	3	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
meperidine hcl oral solution 50 mg/5ml	1	
meperidine hcl oral tablet 50 mg	1	
methadone hcl intensol oral concentrate 10 mg/ml	1	PA; QL: Max. 2 per day
methadone hcl oral concentrate 10 mg/ml	1	PA; QL: Max. 2 per day
methadone hcl oral solution 10 mg/5ml	1	PA; QL: Max. 10mL per day
methadone hcl oral solution 5 mg/5ml	1	PA; QL: Max. 20mL per day
methadone hcl oral tablet 10 mg	1	PA; QL: Max. 2 per day
methadone hcl oral tablet 5 mg	1	PA; QL: Max. 4 per day
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	PA; QL: Max. 1 per day
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	PA; QL: Max. 2 per day
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	PA; QL: Max. 90 per 30 days
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	1	
morphine sulfate oral tablet 15 mg, 30 mg	1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	4	PA; QL: Max. 2 per day
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	2	
oxycodone hcl oral capsule 5 mg	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution 5 mg/5ml	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG	1	QL: 6 tablets per day
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 30 MG	1	QL: 2 tablets per day
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 5 MG	1	QL: 12 tablets per day
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	4	PA; QL: Max. 2 per day
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	PA; QL: Max. 2 per day
oxymorphone hcl oral tablet 10 mg, 5 mg	1	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG	3	QL: 6 per day
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG	3	QL: Max. 6 per day
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG	3	QL: Max. 2 per day
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG	3	QL: Max. 12 per day
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	PA; QL: Max. 1 per day
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	PA; QL: Max. 1 per day; Generic Ultram ER
tramadol hcl oral tablet 100 mg	1	
tramadol hcl oral tablet 50 mg	1	Generic Ultram
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	2	PA; QL: Max. 2 per day
Anesthetics		
asperflex max st external patch 4 %	1	
ethyl chloride external aerosol	1	
ft pain relief max strength external patch 4 %	1	
glydo external prefilled syringe 2 %	1	
lidocaine external cream 3 %	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 4 %	1	
lidocaine external patch 5 %	1	PA
lidocaine hcl external solution 4 %	1	
lidocaine hcl urethral/mucosal external gel 2 %	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	1	
lidocaine max st 24 hours external patch 4 %	1	
lidocaine pain relief external patch 4 %	1	
lidocaine pain relief max st external patch 4 %	1	
lidocaine pain relieving external patch 4 %	1	
lidocaine-prilocaine external cream 2.5-2.5 %	1	
pain relief max str external patch 4 %	1	
pain relief maximum strength external patch 4 %	1	
pain relieving lidocaine external patch 4 %	1	
THERACARE PAIN RELIEF EXTERNAL PATCH 4 %	1	
welmate lidocaine pain reliev external patch 4 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium oral tablet delayed release 333 mg	1	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	$0	HSA; ACA
disulfiram oral tablet 250 mg, 500 mg	1	
ft naloxone hcl nasal liquid 4 mg/0.1ml	$0	QL: Max. 1 box (2 sprays) in 15 days
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	3	QL: Max 224 per fill. Max of 14 days supply per fill.; ST
LUCEMYRA ORAL TABLET 0.18 MG	3	QL: Max 224 per fill. Max of 14 days supply per fill.; ST
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	MD	
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	1	
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	HSA; ACA
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	3	QL: Maximum of 2 sprays per fill
REXTOVY NASAL LIQUID 4 MG/0.25ML	MD	QL: 1 box per 15 days; Max 2 boxes per 30 days.
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	$0	HSA; ACA
varenicline tartrate oral tablet 0.5 mg, 1 mg	$0	HSA; ACA
varenicline tartrate(continue) oral tablet 1 mg	$0	HSA; ACA
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	MD	This drug is not available through home delivery
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	3	PA
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	1	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AVIDOXY ORAL TABLET 100 MG	1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
BAXDELA ORAL TABLET 450 MG	2	
cefaclor er oral tablet extended release 12 hour 500 mg	1	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
cefadroxil oral tablet 1 gm	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefixime oral capsule 400 mg	1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phosphate vaginal cream 2 %	1	
CLINDESSE VAGINAL CREAM 2 %	3	
demeclocycline hcl oral tablet 150 mg, 300 mg	1	
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	2	PA; QL: Max. 136 ml per 10 days
DIFICID ORAL TABLET 200 MG	2	PA; QL: Max. 20 per 10 days
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	3	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
erythromycin base oral capsule delayed release particles 250 mg	1	
erythromycin base oral tablet 250 mg, 500 mg	1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
fidaxomicin oral tablet 200 mg	2	PA; QL: Max. 20 per 10 days
fosfomycin tromethamine oral packet 3 gm	1	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
HUMATIN ORAL CAPSULE 250 MG	3	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
linezolid oral suspension reconstituted 100 mg/5ml	1	
linezolid oral tablet 600 mg	3	
methenamine hippurate oral tablet 1 gm	1	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	LCG
metronidazole vaginal gel 0.75 %	1	
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	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
moxifloxacin hcl oral tablet 400 mg	1	
mupirocin calcium external cream 2 %	1	
mupirocin external ointment 2 %	1	
neomycin sulfate oral tablet 500 mg	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5ml	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
NUZYRA ORAL TABLET 150 MG	3	
ofloxacin oral tablet 300 mg, 400 mg	1	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	LCG
silver nitrate external solution 0.5 %	1	
silver sulfadiazine external cream 1 %	1	
SIVEXTRO ORAL TABLET 200 MG	4	QL: 6 tablets per 30 days
SOLOSEC ORAL PACKET 2 GM	3	QL: Max. quantity of 1 per fill
ssd external cream 1 %	1	
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	LCG
SULFAMYLON EXTERNAL CREAM 85 MG/GM	3	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
tinidazole oral tablet 250 mg, 500 mg	1	
trimethoprim oral tablet 100 mg	1	
vancomycin hcl oral capsule 125 mg, 250 mg	2	
vancomycin hcl oral solution reconstituted 25 mg/ml	2	QL: Max 300 mL per 10 days
vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml	2	QL: Maximum quantity of 300 per 10 days
XIFAXAN ORAL TABLET 200 MG	3	PA; QL: Max Daily Dose of 0.3
XIFAXAN ORAL TABLET 550 MG	2	PA; QL: Max Daily Dose of 2
Anticoagulants		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	3	HSA
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	2	HSA
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	2	HSA
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	2	HSA
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	2	HSA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	HSA
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	2	HSA
enoxaparin sodium injection solution 300 mg/3ml	1	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	1	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	4	HSA
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	4	This drug is not available through home delivery; HSA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	4	This drug is not available through home delivery; HSA
heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	HSA
heparin sodium (porcine) pf injection solution 5000 unit/ml	1	HSA
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	HSA
rivaroxaban oral suspension reconstituted 1 mg/ml	2	HSA
rivaroxaban oral tablet 2.5 mg	2	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	1	HSA
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	2	HSA
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	HSA
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	2	HSA
Anticonvulsants - Drugs for Seizures		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	3	
BRIVIACT ORAL SOLUTION 10 MG/ML	3	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet 10 mg, 20 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
DILANTIN ORAL CAPSULE 30 MG	3	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	3	PA; This drug is not available through home delivery
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	3	
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5ml	1	
felbamate oral suspension 600 mg/5ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	LCG
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide oral solution 10 mg/ml, 50 mg/5ml	2	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 42 x 50 mg & 14x100 mg	3	
lamotrigine oral kit 25 & 50 & 100 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	LCG
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	1	
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
methsuximide oral capsule 300 mg	3	
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	3	
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	LCG
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	LCG
phenytoin sodium extended oral capsule 100 mg	1	
primidone oral tablet 250 mg, 50 mg	1	
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	3	
rufinamide oral tablet 200 mg, 400 mg	2	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	LCG
subvenite starter kit-blue oral kit 35 x 25 mg	1	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin oral packet 500 mg	4	This drug is not available through home delivery
vigabatrin oral tablet 500 mg	4	SPP; This drug is not available through home delivery
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

DRUG NAME	TIER	LIMITATIONS / *NOTES
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG	3	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	3	PA
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	
galantamine hydrobromide oral solution 4 mg/ml	1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	1	
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	1	PA: Prior Authorization required for members 12 and younger; HSA
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	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	1	PA; HSA
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	PA: Prior Authorization required for members 12 and younger; HSA
bupropion hcl oral tablet 100 mg, 75 mg	1	PA: Prior Authorization required for members 12 and younger; HSA
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
citalopram hydrobromide oral solution 10 mg/5ml	1	HSA
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	HSA; LCG
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	1	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	PA: Prior Authorization required for members 12 and younger; HSA
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	2	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	1	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	1	PA: Prior Authorization required for members 12 and younger; HSA
doxepin hcl oral concentrate 10 mg/ml	1	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	3	PA: Prior Authorization required for members 12 and younger; HSA
escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml	1	HSA
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	HSA; LCG
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	1	
fluoxetine hcl oral capsule 10 mg, 20 mg	1	HSA; LCG
fluoxetine hcl oral capsule 40 mg	1	HSA
fluoxetine hcl oral capsule delayed release 90 mg	1	HSA
fluoxetine hcl oral solution 20 mg/5ml	1	HSA
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	1	HSA
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	2	HSA
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	HSA
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	HSA
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	HSA
MARPLAN ORAL TABLET 10 MG	3	PA: Prior Authorization required for members 12 and younger; HSA
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	PA: Prior Authorization required for members 12 and younger; HSA
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	1	PA: Prior Authorization required for members 12 and younger; HSA
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	PA: Prior Authorization required for members 12 and younger; HSA
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	PA: Prior Authorization required for members 12 and younger; HSA
nortriptyline hcl oral solution 10 mg/5ml	1	PA: Prior Authorization required for members 12 and younger; HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	1	PA: Prior Authorization required for members 12 and younger; HSA
paroxetine hcl oral suspension 10 mg/5ml	2	PA; HSA
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	PA: Prior Authorization required for members 12 and younger; HSA
paroxetine mesylate oral capsule 7.5 mg	2	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
phenelzine sulfate oral tablet 15 mg	1	PA; HSA
protriptyline hcl oral tablet 10 mg, 5 mg	1	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	2	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	1	PA: Prior Authorization required for members 12 and younger; HSA
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	1	PA: Prior Authorization required for members 12 and younger; HSA
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; HSA
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	HSA
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	3	HSA
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	HSA
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	1	ST; HSA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	3	PA; QL: Max 2 per day; HSA
ZURZUVAE ORAL CAPSULE 30 MG	3	PA; QL: Max 1 per day; HSA
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL CAPSULE 300-0.5 MG	4	PA; QL: 4 units per 28 days
ANZEMET ORAL TABLET 50 MG	3	
aprepitant oral capsule 125 mg	2	QL: 4 capsules per 28 days
aprepitant oral capsule 40 mg	2	QL: 1 capsule per 28 days
aprepitant oral capsule 80 & 125 mg	2	QL: 12 capsules per 28 days
aprepitant oral capsule 80 mg	2	QL: 8 capsules per 28 days
COMPRO RECTAL SUPPOSITORY 25 MG	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	1	PA
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
granisetron hcl oral tablet 1 mg	1	
meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	LCG
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	LCG
metoclopramide hcl oral tablet dispersible 5 mg	1	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 16 mg, 4 mg, 8 mg	1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	LCG
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	1	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	4	QL: 4 patches per 28 days
scopolamine transdermal patch 72 hour 1 mg/3days	1	QL: 10 patches per 30 days
trimethobenzamide hcl oral capsule 300 mg	1	
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 %	1	
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	1	
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	
ciclopirox olamine external suspension 0.77 %	1	
clotrimazole 3 vaginal cream 2 %	1	
clotrimazole anti-fungal external cream 1 %	1	
clotrimazole athletes foot external cream 1 %	1	
clotrimazole external cream 1 %	1	
clotrimazole mouth/throat troche 10 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
clotrimazole vaginal cream 1 %	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	4	PA
cvs clotrimazole 3 vaginal cream 2 %	1	
econazole nitrate external cream 1 %	1	
ERTACZO EXTERNAL CREAM 2 %	4	PA
EXELDERM EXTERNAL CREAM 1 %	3	
EXELDERM EXTERNAL SOLUTION 1 %	3	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
flucytosine oral capsule 250 mg, 500 mg	1	
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	2	
griseofulvin microsize oral tablet 500 mg	2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	2	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
itraconazole oral capsule 100 mg	1	
itraconazole oral solution 10 mg/ml	2	
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral tablet 200 mg	1	
ketodan external foam 2 %	1	
klayesta external powder 100000 unit/gm	1	
LULICONAZOLE EXTERNAL CREAM 1 %	2	PA
micaderm external cream 2 %	1	
miconazole 7 vaginal cream 2 %	1	
miconazole nitrate external cream 2 %	1	
naftifine hcl external cream 1 %, 2 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
naftifine hcl external gel 2 %	3	
nyamyc external powder 100000 unit/gm	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral tablet 500000 unit	1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
nystop external powder 100000 unit/gm	1	
ORAVIG BUCCAL TABLET 50 MG	3	
oxiconazole nitrate external cream 1 %	1	
OXISTAT EXTERNAL LOTION 1 %	3	
posaconazole oral suspension 40 mg/ml	3	PA
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	2	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	2	
tavaborole external solution 5 %	2	
terbinafine hcl oral tablet 250 mg	1	LCG
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
tolnaftate antifungal external cream 1 %	1	
tolnaftate external cream 1 %	1	
voriconazole oral suspension reconstituted 40 mg/ml	3	
voriconazole oral tablet 200 mg, 50 mg	3	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	LCG
colchicine oral capsule 0.6 mg	1	
colchicine oral tablet 0.6 mg	1	
colchicine-probenecid oral tablet 0.5-500 mg	1	
febuxostat oral tablet 40 mg, 80 mg	1	ST
probenecid oral tablet 500 mg	1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL: Max. 1 syringe per 30 day(s); This drug is not available through home delivery
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	3	PA; QL: Max. 1 syringe per 30 day(s); This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	3	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	2	QL: 18 tablets per 30 days
dihydroergotamine mesylate injection solution 1 mg/ml	2	
dihydroergotamine mesylate nasal solution 4 mg/ml	3	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	1	QL: 18 tablets per 30 days
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA; QL: Max 1 pen per 30 day(s); This drug is not available through home delivery
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL: Max. 3 pens per 30 day(s); This drug is not available through home delivery
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	PA; QL: Max 1 pen per 30 day(s); This drug is not available through home delivery
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	2	
ergotamine-caffeine oral tablet 1-100 mg	1	
frovatriptan succinate oral tablet 2.5 mg	2	QL: 18 tablets per 30 days
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	QL: 18 tablets per 30 days
NURTEC ORAL TABLET DISPERSIBLE 75 MG	2	PA; QL: 16 tablets/30 days
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	QL: 18 tablets per 30 days
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	QL: 18 tablets per 30 days
sumatriptan nasal solution 20 mg/act, 5 mg/act	1	QL: 12 nasal sprays per 30 days
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL: 18 tablets per 30 days
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	2	QL: 12 vials (6 mL) per 30 days
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	2	QL: 12 pens (6 mL) per 30 days
UBRELVY ORAL TABLET 100 MG	2	PA; QL: 16 tablets per 30 days
UBRELVY ORAL TABLET 50 MG	2	PA; QL: 18 tablets per 30 days
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	3	QL: 12 nasal sprays per 30 days
zolmitriptan nasal solution 5 mg	3	QL: 12 nasal sprays per 30 days
zolmitriptan oral tablet 2.5 mg, 5 mg	1	QL: 18 tablets per 30 days
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	1	QL: 18 tablets per 30 days
ZOMIG NASAL SOLUTION 2.5 MG	3	QL: 12 nasal sprays per 30 days
Antimyasthenic Agents		
pyridostigmine bromide er oral tablet extended release 180 mg	1	
pyridostigmine bromide oral solution 60 mg/5ml	2	
pyridostigmine bromide oral tablet 30 mg, 60 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
Antimycobacterials		
cycloserine oral capsule 250 mg	1	
dapsone oral tablet 100 mg, 25 mg	1	
ethambutol hcl oral tablet 100 mg, 400 mg	1	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	LCG
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	3	
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	4	PA
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg, 500 mg	2	SPP; PA; This drug is not available through home delivery; CM
abirtega oral tablet 250 mg	2	SPP; PA; This drug is not available through home delivery; CM
ALECENSA ORAL CAPSULE 150 MG	4	SPP; PA; This drug is not available through home delivery; CM
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
anastrozole oral tablet 1 mg	1	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, 25 MG, 300 MG, 50 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
bexarotene external gel 1 %	4	SPP; This drug is not available through home delivery; CM
bexarotene oral capsule 75 mg	1	SPP; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
bicalutamide oral tablet 50 mg	1	This drug is not available through home delivery; CM
BOSULIF ORAL CAPSULE 100 MG, 50 MG	3	SPP; PA; CM
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	3	SPP; PA; This drug is not available through home delivery; CM
BRAFTOVI ORAL CAPSULE 75 MG	3	SPP; PA; This drug is not available through home delivery; CM
BRUKINSA ORAL CAPSULE 80 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
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; This drug is not available through home delivery; CM
CALQUENCE ORAL TABLET 100 MG	4	This drug is not available through home delivery; CM
capecitabine oral tablet 150 mg, 500 mg	1	SPP; This drug is not available through home delivery; CM
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	3	SPP; PA; This drug is not available through home delivery; CM
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	3	SPP; PA; This drug is not available through home delivery; CM
COTELLIC ORAL TABLET 20 MG	3	SPP; PA; This drug is not available through home delivery; CM
cyclophosphamide oral capsule 25 mg, 50 mg	2	This drug is not available through home delivery; CM
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	3	SPP; This drug is not available through home delivery; CM
DAURISMO ORAL TABLET 100 MG, 25 MG	4	SPP; PA; This drug is not available through home delivery; CM
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
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; This drug is not available through home delivery; CM
ERLEADA ORAL TABLET 240 MG	4	SPP; PA; QL: Max: 1 tablet per day
ERLEADA ORAL TABLET 60 MG	4	SPP; PA; This drug is not available through home delivery; CM
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	2	SPP; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
etoposide oral capsule 50 mg	1	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	2	SPP; PA; This drug is not available through home delivery; CM
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	2	SPP; PA; This drug is not available through home delivery; CM
exemestane oral tablet 25 mg	1	HSA; ACA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
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	3	SPP; This drug is not available through home delivery; CM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	3	SPP; This drug is not available through home delivery; CM
GLEOSTINE ORAL CAPSULE 100 MG	2	SPP; This drug is not available through home delivery; CM
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	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	3	SPP; This drug is not available through home delivery; CM
hydroxyurea oral capsule 500 mg	1	CM
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	SPP; PA; This drug is not available through home delivery; CM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	SPP; PA; This drug is not available through home delivery; CM
IBTROZI ORAL CAPSULE 200 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
IDHIFA ORAL TABLET 100 MG, 50 MG	3	SPP; PA; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
imatinib mesylate oral tablet 100 mg, 400 mg	2	SPP; This drug is not available through home delivery; CM
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	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; This drug is not available through home delivery; CM
INLYTA ORAL TABLET 1 MG, 5 MG	4	SPP; PA; This drug is not available through home delivery; CM
INQOVI ORAL TABLET 35-100 MG	4	SPP; PA; This drug is not available through home delivery; CM
INREBIC ORAL CAPSULE 100 MG	4	SPP; PA; This drug is not available through home delivery; CM
ITOVEBI ORAL TABLET 3 MG, 9 MG	4	SPP; PA; CM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	SPP; PA; This drug is not available through home delivery; CM
JAYPIRCA ORAL TABLET 100 MG, 50 MG	4	SPP; PA; CM
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	4	SPP; PA; This drug is not available through home delivery; CM
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	4	SPP; PA; This drug is not available through home delivery; CM
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	4	SPP; PA; This drug is not available through home delivery; CM
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
KRAZATI ORAL TABLET 200 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
lapatinib ditosylate oral tablet 250 mg	3	SPP; This drug is not available through home delivery; CM
LAZCLUZE ORAL TABLET 240 MG, 80 MG	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; This drug is not available through home delivery; CM
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; This drug is not available through home delivery; CM
letrozole oral tablet 2.5 mg	1	HSA; CM
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
LEUKERAN ORAL TABLET 2 MG	2	SPP; CM
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	3	SPP; PA; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
LORBRENA ORAL TABLET 100 MG, 25 MG	4	SPP; PA; This drug is not available through home delivery; CM
LUMAKRAS ORAL TABLET 120 MG	4	SPP; PA; This drug is not available through home delivery; CM
LUMAKRAS ORAL TABLET 240 MG, 320 MG	4	SPP; PA; CM
LYNPARZA ORAL TABLET 100 MG, 150 MG	3	SPP; PA; This drug is not available through home delivery; CM
LYSODREN ORAL TABLET 500 MG	2	CM
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	3	PA; CM
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	3	PA; CM
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	3	PA; CM
MATULANE ORAL CAPSULE 50 MG	2	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	4	SPP; PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	SPP; PA; This drug is not available through home delivery; CM
MEKTOVI ORAL TABLET 15 MG	3	SPP; PA; This drug is not available through home delivery; CM
mercaptopurine oral suspension 2000 mg/100ml	3	CM
mercaptopurine oral tablet 50 mg	1	CM
mesna oral tablet 400 mg	3	
MESNEX ORAL TABLET 400 MG	3	
MYLERAN ORAL TABLET 2 MG	2	CM
NERLYNX ORAL TABLET 40 MG	4	SPP; PA; This drug is not available through home delivery; CM
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	3	SPP; This drug is not available through home delivery; CM
nilutamide oral tablet 150 mg	1	CM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	SPP; PA; This drug is not available through home delivery; CM
NUBEQA ORAL TABLET 300 MG	4	SPP; PA; This drug is not available through home delivery; CM
ODOMZO ORAL CAPSULE 200 MG	3	SPP; PA; This drug is not available through home delivery; CM
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
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, 200 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
ONUREG ORAL TABLET 200 MG, 300 MG	4	SPP; PA; This drug is not available through home delivery; CM
ORGOVYX ORAL TABLET 120 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
ORSERDU ORAL TABLET 345 MG, 86 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
PANRETIN EXTERNAL GEL 0.1 %	3	
pazopanib hcl oral tablet 200 mg	3	SPP; This drug is not available through home delivery; CM
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG	4	SPP; PA; This drug is not available through home delivery; CM
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	SPP; PA; This drug is not available through home delivery; CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML	3	CM
QINLOCK ORAL TABLET 50 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	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; CM
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	4	PA; QL: Maximum of 30 days supply per fill
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	SPP; PA; This drug is not available through home delivery; CM
ROZLYTREK ORAL PACKET 50 MG	4	SPP; PA; CM
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	3	SPP; PA; This drug is not available through home delivery; CM
RYDAPT ORAL CAPSULE 25 MG	4	SPP; PA; This drug is not available through home delivery; CM
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL: 30 day supply max; CM
SCEMBLIX ORAL TABLET 20 MG, 40 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
SOLTAMOX ORAL SOLUTION 10 MG/5ML	3	HSA; ACA
sorafenib tosylate oral tablet 200 mg	4	SPP; PA; This drug is not available through home delivery; CM
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	3	SPP; This drug is not available through home delivery; CM
STIVARGA ORAL TABLET 40 MG	3	SPP; PA; This drug is not available through home delivery; CM
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	3	SPP; This drug is not available through home delivery; CM
TABLOID ORAL TABLET 40 MG	2	SPP; This drug is not available through home delivery; CM
TABRECTA ORAL TABLET 150 MG, 200 MG	4	SPP; PA; This drug is not available through home delivery; CM
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	SPP; PA; This drug is not available through home delivery; CM
TAFINLAR ORAL TABLET SOLUBLE 10 MG	4	SPP; PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	SPP; PA; This drug is not available through home delivery; CM
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	1	HSA; ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	3	SPP; This drug is not available through home delivery; CM
TAZVERIK ORAL TABLET 200 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1	SPP; This drug is not available through home delivery; CM
TEPMETKO ORAL TABLET 225 MG	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; This drug is not available through home delivery; CM
TIBSOVO ORAL TABLET 250 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
toremifene citrate oral tablet 60 mg	2	HSA; CM
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	SPP; PA; This drug is not available through home delivery; CM
tretinoin oral capsule 10 mg	3	SPP; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
TRUQAP ORAL TABLET 200 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
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; This drug is not available through home delivery; CM
TURALIO ORAL CAPSULE 125 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
VALCHLOR EXTERNAL GEL 0.016 %	4	This drug is not available through home delivery
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA; QL: Maximum of 30 days supply per fill
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	3	SPP; PA; This drug is not available through home delivery; CM
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	3	SPP; PA; This drug is not available through home delivery; CM
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	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, 50 MG	4	SPP; PA; This drug is not available through home delivery
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	3	SPP; PA; This drug is not available through home delivery; CM
VONJO ORAL CAPSULE 100 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery; CM
VORANIGO ORAL TABLET 10 MG, 40 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
WELIREG ORAL TABLET 40 MG	4	PA; CM
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	SPP; PA; This drug is not available through home delivery; CM
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; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
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; This drug is not available through home delivery; CM
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; This drug is not available through home delivery; CM
XTANDI ORAL TABLET 40 MG, 80 MG	3	SPP; PA; This drug is not available through home delivery; CM
YONSA ORAL TABLET 125 MG	3	SPP; PA; CM
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	3	SPP; PA; CM
ZELBORAF ORAL TABLET 240 MG	4	SPP; PA; This drug is not available through home delivery; CM
ZOLINZA ORAL CAPSULE 100 MG	4	SPP; This drug is not available through home delivery; CM
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; This drug is not available through home delivery; CM
Antiparasitics		
albendazole oral tablet 200 mg	1	
atovaquone oral suspension 750 mg/5ml	1	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	1	HSA
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	HSA
COARTEM ORAL TABLET 20-120 MG	3	QL: 24 units per 30 days; HSA
CROTAN EXTERNAL LOTION 10 %	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
EMVERM ORAL TABLET CHEWABLE 100 MG	3	QL: Maximum quantity of 6 per 21 days
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	HSA
ivermectin oral tablet 3 mg	1	QL: Max. 20 per fill. Max. 1 fill per 90 days
ivermectin oral tablet 6 mg	1	QL: Max 20 per fill; 1 fill per 90 days
LAMPIT ORAL TABLET 120 MG, 30 MG	3	
malathion external lotion 0.5 %	1	
mefloquine hcl oral tablet 250 mg	1	HSA
nitazoxanide oral tablet 500 mg	2	
pentamidine isethionate inhalation solution reconstituted 300 mg	2	
permethrin external cream 5 %	1	
praziquantel oral tablet 600 mg	2	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	HSA
PRURADIK EXTERNAL LOTION 10 %	3	
pyrimethamine oral tablet 25 mg	3	PA; HSA
quinine sulfate oral capsule 324 mg	1	HSA
spinosad external suspension 0.9 %	1	
Antiparkinson Agents		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	1	
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	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	1	
bromocriptine mesylate oral tablet 2.5 mg	1	
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
entacapone oral tablet 200 mg	1	
INBRIJA INHALATION CAPSULE 42 MG	3	PA; QL: Max. 10 per day

DRUG NAME	TIER	LIMITATIONS / *NOTES
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	1	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
tolcapone oral tablet 100 mg	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
Antiplatelets		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	HSA
BRILINTA ORAL TABLET 60 MG, 90 MG	2	HSA
cilostazol oral tablet 100 mg, 50 mg	1	HSA
clopidogrel bisulfate oral tablet 300 mg, 75 mg	1	HSA
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	HSA
prasugrel hcl oral tablet 10 mg, 5 mg	1	HSA
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	SPP; PA
ticagrelor oral tablet 60 mg, 90 mg	2	HSA
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG	3	PA; HSA
ZONTIVITY ORAL TABLET 2.08 MG	4	HSA
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	2	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	3	PA; QL: 2 tablets per day
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	3	
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	3	
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	3	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	1	
NUPLAZID ORAL CAPSULE 34 MG	3	PA; QL: Max. 1 per day; This drug is not available through home delivery
NUPLAZID ORAL TABLET 10 MG	3	PA; QL: Max. 1 per day; This drug is not available through home delivery
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	2	ST
pimozide oral tablet 1 mg, 2 mg	1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	
Antivirals		
abacavir sulfate oral solution 20 mg/ml	1	This drug is not available through home delivery
abacavir sulfate oral tablet 300 mg	1	This drug is not available through home delivery
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	This drug is not available through home delivery
acyclovir external cream 5 %	2	QL: Max. 5 grams per 30 day(s)
acyclovir external ointment 5 %	1	
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
adefovir dipivoxil oral tablet 10 mg	1	This drug is not available through home delivery
APTIVUS ORAL CAPSULE 250 MG	4	This drug is not available through home delivery
atazanavir sulfate oral capsule 150 mg	1	This drug is not available through home delivery
atazanavir sulfate oral capsule 200 mg, 300 mg	2	This drug is not available through home delivery
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	This drug is not available through home delivery
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	4	
CIMDUO ORAL TABLET 300-300 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	4	This drug is not available through home delivery
darunavir oral tablet 600 mg	2	This drug is not available through home delivery
darunavir oral tablet 800 mg	2	In accordance with state laws under certain benefit plans; For select plans in RI this medication will be covered at a lower cost share ($0). Check your plan documents.
DELSTRIGO ORAL TABLET 100-300-300 MG	4	
DESCOVY ORAL TABLET 120-15 MG	4	PA; ACA

DRUG NAME	TIER	LIMITATIONS / *NOTES
DESCOVY ORAL TABLET 200-25 MG	4	PA; If used for PrEP a PA may be submitted to request a $0 cost share.; ACA
DOVATO ORAL TABLET 50-300 MG	4	
EDURANT ORAL TABLET 25 MG	4	This drug is not available through home delivery
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	4	
efavirenz oral tablet 600 mg	1	This drug is not available through home delivery
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	2	This drug is not available through home delivery
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	2	
emtricitabine oral capsule 200 mg	2	This drug is not available through home delivery
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	This drug is not available through home delivery
emtricitabine-tenofovir df oral tablet 200-300 mg	2	In accordance with state laws under certain benefit plans; For select plans in RI this medication will be covered at a lower cost share ($0). Check your plan documents.; ACA
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	4	This drug is not available through home delivery
EMTRIVA ORAL SOLUTION 10 MG/ML	4	This drug is not available through home delivery
entecavir oral tablet 0.5 mg, 1 mg	1	This drug is not available through home delivery
EPCLUSA ORAL PACKET 150-37.5 MG	3	SPP; PA; QL: Max 1 tab per day; This drug is not available through home delivery
EPCLUSA ORAL PACKET 200-50 MG	3	SPP; PA; QL: Max 2 tabs per day; This drug is not available through home delivery
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
etravirine oral tablet 100 mg, 200 mg	2	This drug is not available through home delivery
EVOTAZ ORAL TABLET 300-150 MG	4	This drug is not available through home delivery
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
fosamprenavir calcium oral tablet 700 mg	2	This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
GENVOYA ORAL TABLET 150-150-200-10 MG	4	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
HARVONI ORAL TABLET 45-200 MG	3	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
HARVONI ORAL TABLET 90-400 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
INTELENCE ORAL TABLET 25 MG	4	This drug is not available through home delivery
ISENTRESS HD ORAL TABLET 600 MG	3	
ISENTRESS ORAL PACKET 100 MG	3	This drug is not available through home delivery
ISENTRESS ORAL TABLET 400 MG	3	This drug is not available through home delivery
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	3	This drug is not available through home delivery
JULUCA ORAL TABLET 50-25 MG	3	
LAGEVRIO ORAL CAPSULE 200 MG	3	QL: Maximum of 40 per fill; Coverage refers to Lagevrio under Emergency Use Authorization
lamivudine oral solution 10 mg/ml	1	This drug is not available through home delivery
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	This drug is not available through home delivery
lamivudine-zidovudine oral tablet 150-300 mg	1	This drug is not available through home delivery
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
LIVTENCITY ORAL TABLET 200 MG	3	PA
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	2	This drug is not available through home delivery
maraviroc oral tablet 150 mg, 300 mg	2	This drug is not available through home delivery
MAVYRET ORAL PACKET 50-20 MG	3	SPP; PA; QL: Max 5 per day; This drug is not available through home delivery
MAVYRET ORAL TABLET 100-40 MG	3	SPP; PA; QL: Max. 3 per day; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
nevirapine er oral tablet extended release 24 hour 400 mg	1	This drug is not available through home delivery
nevirapine oral suspension 50 mg/5ml	1	This drug is not available through home delivery
nevirapine oral tablet 200 mg	1	This drug is not available through home delivery
NORVIR ORAL PACKET 100 MG	4	
ODEFSEY ORAL TABLET 200-25-25 MG	4	
oseltamivir phosphate oral capsule 30 mg	1	QL: 20 capsules per fill
oseltamivir phosphate oral capsule 45 mg, 75 mg	1	QL: 10 capsules per fill
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	1	QL: 180 mL per fill
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	2	QL: Maximum quantity of 20 per fill
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	2	QL: Max of 11 per fill
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	2	QL: Maximum quantity of 30 per fill
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	SPP; This drug is not available through home delivery
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	3	SPP; This drug is not available through home delivery
penciclovir external cream 1 %	3	PA; QL: Max. 5 grams per 30 day(s)
PIFELTRO ORAL TABLET 100 MG	4	
PREZCOBIX ORAL TABLET 675-150 MG	3	
PREZCOBIX ORAL TABLET 800-150 MG	3	This drug is not available through home delivery
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	3	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	2	
ribavirin oral capsule 200 mg	1	SPP; This drug is not available through home delivery
ribavirin oral tablet 200 mg	1	SPP; This drug is not available through home delivery
rimantadine hcl oral tablet 100 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
ritonavir oral tablet 100 mg	1	In accordance with state laws under certain benefit plans; For select plans in RI this medication will be covered at a lower cost share ($0). Check your plan documents.
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	3	
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
SOVALDI ORAL PACKET 150 MG, 200 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
SOVALDI ORAL TABLET 200 MG	3	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
SOVALDI ORAL TABLET 400 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
STRIBILD ORAL TABLET 150-150-200-300 MG	4	This drug is not available through home delivery
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	
tenofovir disoproxil fumarate oral tablet 300 mg	1	This drug is not available through home delivery
TIVICAY ORAL TABLET 50 MG	3	This drug is not available through home delivery
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	3	This drug is not available through home delivery
TRIUMEQ ORAL TABLET 600-50-300 MG	4	This drug is not available through home delivery
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	4	
valacyclovir hcl oral tablet 1 gm, 500 mg	1	
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	
valganciclovir hcl oral tablet 450 mg	1	
VEMLIDY ORAL TABLET 25 MG	4	
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

DRUG NAME	TIER	LIMITATIONS / *NOTES
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; This drug is not available through home delivery
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	2	QL: 1 tablet per fill
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	2	QL: 1 tablet per fill
YEZTUGO ORAL TABLET 300 MG	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	1	This drug is not available through home delivery
zidovudine oral syrup 50 mg/5ml	1	This drug is not available through home delivery
zidovudine oral tablet 300 mg	1	This drug is not available through home delivery
Anxiolytics - Drugs for Anxiety		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	LCG
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	
buspirone hcl oral tablet 10 mg, 5 mg	1	LCG
buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg	1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
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	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	LCG
estazolam oral tablet 1 mg, 2 mg	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	LCG
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	LCG
meprobamate oral tablet 200 mg, 400 mg	1	
midazolam hcl oral syrup 2 mg/ml	1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	
quazepam oral tablet 15 mg	1	
triazolam oral tablet 0.125 mg, 0.25 mg	1	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	3	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	LCG
lithium carbonate oral tablet 300 mg	1	
lithium oral solution 8 meq/5ml	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
aminocaproic acid oral solution 0.25 gm/ml	1	
aminocaproic acid oral tablet 1000 mg, 500 mg	1	
anagrelide hcl oral capsule 0.5 mg, 1 mg	2	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, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	4	SPP; PA; This drug is not available through home delivery
DOPTELET ORAL TABLET 20 MG	4	SPP; PA; This drug is not available through home delivery; HSA
eltrombopag olamine oral packet 12.5 mg, 25 mg	4	SPP; This drug is not available through home delivery; HSA
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	4	SPP; This drug is not available through home delivery; HSA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	SPP; PA; This drug is not available through home delivery
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; QL: Max Daily Dose of 0.043; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
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; This drug is not available through home delivery
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	4	SPP; This drug is not available through home delivery
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; QL: Max Daily Dose of 0.043; This drug is not available through home delivery
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; QL: Max Daily Dose of 0.043; This drug is not available through home delivery
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	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; This drug is not available through home delivery
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	4	SPP; PA; This drug is not available through home delivery
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	4	SPP; PA; This drug is not available through home delivery
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, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	SPP; PA; This drug is not available through home delivery
PROMACTA ORAL PACKET 12.5 MG, 25 MG	4	SPP; This drug is not available through home delivery; HSA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	SPP; This drug is not available through home delivery; HSA
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, 40000 UNIT/ML	3	SPP; PA; This drug is not available through home delivery
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	1	QL: Max. 1 per day

DRUG NAME	TIER	LIMITATIONS / *NOTES
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; This drug is not available through home delivery
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	3	SPP; PA; This drug is not available through home delivery
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	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	1	HSA
aliskiren fumarate oral tablet 150 mg, 300 mg	2	HSA
amiloride hcl oral tablet 5 mg	1	HSA
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	HSA
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	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	1	HSA
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	HSA
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	HSA
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	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	2	HSA
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	HSA; LCG
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	HSA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	HSA; ACA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	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	1	HSA
betaxolol hcl oral tablet 10 mg, 20 mg	1	HSA
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	HSA
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	HSA
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	HSA
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	HSA
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	HSA
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	HSA
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	HSA
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	HSA
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	2	HSA
chlorthalidone oral tablet 25 mg, 50 mg	1	HSA
cholestyramine light oral packet 4 gm	1	HSA
cholestyramine light oral powder 4 gm/dose	1	HSA
cholestyramine oral packet 4 gm	1	HSA
cholestyramine oral powder 4 gm/dose	1	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	1	HSA
colesevelam hcl oral packet 3.75 gm	2	HSA
colesevelam hcl oral tablet 625 mg	1	HSA
colestipol hcl oral granules 5 gm	1	HSA
colestipol hcl oral packet 5 gm	1	HSA
colestipol hcl oral tablet 1 gm	1	HSA
CORLANOR ORAL SOLUTION 5 MG/5ML	2	HSA
digoxin oral solution 0.05 mg/ml	1	HSA
digoxin oral tablet 125 mcg, 250 mcg	1	HSA
digoxin oral tablet 62.5 mcg	3	HSA
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	HSA
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	HSA
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	HSA
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
diltiazem hcl er oral tablet extended release 24 hour 120 mg	3	HSA
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	HSA
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	HSA
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	HSA
disopyramide phosphate oral capsule 100 mg, 150 mg	2	HSA
DIURIL ORAL SUSPENSION 250 MG/5ML	3	HSA
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	This drug is not available through home delivery; HSA
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	HSA
droxidopa oral capsule 100 mg, 200 mg, 300 mg	3	PA; This drug is not available through home delivery; HSA
EDARBI ORAL TABLET 40 MG, 80 MG	3	HSA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	HSA
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	HSA
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	2	QL: 8 per day; HSA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	HSA
eplerenone oral tablet 25 mg, 50 mg	1	HSA
ethacrynic acid oral tablet 25 mg	1	HSA
ezetimibe oral tablet 10 mg	1	HSA
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	HSA
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	HSA
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	HSA
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	1	HSA
fenofibrate oral tablet 120 mg, 40 mg	2	HSA
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	HSA
fenofibric acid oral capsule delayed release 135 mg, 45 mg	1	HSA
fenofibric acid oral tablet 105 mg, 35 mg	2	HSA
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	HSA
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	2	HSA; ACA
fluvastatin sodium oral capsule 20 mg, 40 mg	2	HSA; ACA

DRUG NAME	TIER	LIMITATIONS / *NOTES
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	HSA
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	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	1	HSA
guanfacine hcl oral tablet 1 mg, 2 mg	1	HSA
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	2	HSA
indapamide oral tablet 1.25 mg, 2.5 mg	1	HSA
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	HSA
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	HSA
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	2	HSA
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	HSA
isosorbide dinitrate oral tablet 40 mg	2	HSA
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	HSA
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	HSA
isradipine oral capsule 2.5 mg, 5 mg	1	HSA
ivabradine hcl oral tablet 5 mg, 7.5 mg	2	HSA
KATERZIA ORAL SUSPENSION 1 MG/ML	3	HSA
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	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	1	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	1	HSA
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	HSA; ACA
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	HSA
methyldopa oral tablet 250 mg, 500 mg	1	HSA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	HSA
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	HSA
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	HSA
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	1	HSA
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	HSA
minoxidil oral tablet 10 mg, 2.5 mg	1	HSA
moexipril hcl oral tablet 15 mg, 7.5 mg	1	HSA
MULTAQ ORAL TABLET 400 MG	2	HSA
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	HSA
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	2	HSA
NEXLETOL ORAL TABLET 180 MG	3	PA; HSA
NEXLIZET ORAL TABLET 180-10 MG	3	PA; HSA
niacin (antihyperlipidemic) oral tablet 500 mg	1	HSA
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	HSA
niacor oral tablet 500 mg	1	HSA
nicardipine hcl oral capsule 20 mg, 30 mg	1	HSA
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	HSA
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	HSA
nifedipine oral capsule 10 mg, 20 mg	1	HSA
nimodipine oral capsule 30 mg	1	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	1	HSA
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	HSA
nitroglycerin rectal ointment 0.4 %	3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	HSA
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
nitroglycerin translingual solution 0.4 mg/spray	1	HSA
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	3	HSA
NYMALIZE ORAL SOLUTION 6 MG/ML	4	HSA
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	HSA
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	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	2	HSA
omega-3-acid ethyl esters oral capsule 1 gm	1	HSA
pentoxifylline er oral tablet extended release 400 mg	1	HSA
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	HSA
phenoxybenzamine hcl oral capsule 10 mg	3	HSA
pindolol oral tablet 10 mg, 5 mg	1	HSA
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	3	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	1	HSA; ACA
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	HSA
prevalite oral packet 4 gm	1	HSA
prevalite oral powder 4 gm/dose	1	HSA
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	1	HSA
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	HSA
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	HSA
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	HSA
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	HSA
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	1	HSA
quinidine gluconate er oral tablet extended release 324 mg	3	HSA
quinidine sulfate oral tablet 200 mg, 300 mg	1	HSA
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	HSA
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	2	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	2	PA; QL: Max. 2 syringes per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; QL: Max. 2 pens per 28 day(s); In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	HSA; ACA
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	HSA
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	2	HSA
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; ACA
simvastatin oral tablet 80 mg	1	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	HSA
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	HSA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	HSA
spironolactone-hctz oral tablet 25-25 mg	1	HSA
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	HSA
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	HSA
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	HSA
THALITONE ORAL TABLET 15 MG	3	HSA
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	HSA
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	HSA
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	HSA
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	HSA
triamterene oral capsule 100 mg, 50 mg	2	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	1	HSA
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	HSA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	HSA
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	HSA
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	HSA; LCG
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	HSA
VYNDAMAX ORAL CAPSULE 61 MG	4	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
VYNDAQEL ORAL CAPSULE 20 MG	4	SPP; PA; QL: Max. 4 per day; This drug is not available through home delivery
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	1	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply.
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	1	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 2; State/Federal limits on prescription drug dispensing may apply.
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.

DRUG NAME	TIER	LIMITATIONS / *NOTES
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply.
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	PA: Prior Authorization required for members 25 and older
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	1	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 5; State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 4; State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate oral solution 5 mg/5ml	3	State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	2	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	3	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply.
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1; State/Federal limits on prescription drug dispensing may apply.
methamphetamine hcl oral tablet 5 mg	3	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	1	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 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 18 mg, 27 mg, 54 mg, 72 mg	1	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
methylphenidate hcl er (osm) oral tablet extended release 36 mg	1	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 2
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	1	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	1	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	1	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 2
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	1	PA: Prior Authorization required for members 25 and older

DRUG NAME	TIER	LIMITATIONS / *NOTES
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	PA: Prior Authorization required for members 25 and older
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	1	PA: Prior Authorization required for members 25 and older
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	3	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 1
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG	3	PA; QL: Max of 1 per day
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	3	PA; QL: Max 3 capsules a day
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	3	PA: Prior Authorization required for members 25 and older; QL: Max Daily Dose of 12 mL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	3	SPP; QL: Max. 1 kit (4 syringes) per 28 days; This drug is not available through home delivery
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	3	SPP; QL: Max. 1 kit (4 syringes) per 28 days; This drug is not available through home delivery
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	3	SPP; QL: Max. 4 per day; This drug is not available through home delivery
BETASERON SUBCUTANEOUS KIT 0.3 MG	3	SPP; QL: Max. 1 box per month; This drug is not available through home delivery
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	SPP; QL: Max. 1 syringe per day; This drug is not available through home delivery
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	2	SPP; QL: Max. 2 per day; This drug is not available through home delivery
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	2	SPP; QL: Max. 2 per day; This drug is not available through home delivery
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	2	SPP; QL: Max. 2 packs per year; This drug is not available through home delivery
fingolimod hcl oral capsule 0.5 mg	3	SPP; QL: Max. 1 per day; This drug is not available through home delivery
GILENYA ORAL CAPSULE 0.25 MG	3	SPP; QL: Max. 1 per day; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	3	SPP; QL: Max. 1 syringe per day; This drug is not available through home delivery
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	3	SPP; QL: Max. 12 syringes per 28 days; This drug is not available through home delivery
glatopa subcutaneous solution prefilled syringe 20 mg/ml	3	SPP; QL: Max. 1 syringe per day; This drug is not available through home delivery
glatopa subcutaneous solution prefilled syringe 40 mg/ml	3	SPP; QL: Max. 12 syringes per 28 days; This drug is not available through home delivery
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	3	SPP; QL: Max. 1 per 28 days; This drug is not available through home delivery
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG	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; This drug is not available through home delivery
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
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; This drug is not available through home delivery
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; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	4	SPP; QL: Max. 12 syringes per 28 days; This drug is not available through home delivery
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	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; This drug is not available through home delivery
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; This drug is not available through home delivery
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	3	SPP; QL: Max. 4 per day; This drug is not available through home delivery
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	4	SPP; PA; QL: Max. 2 packs per 365 days; This drug is not available through home delivery
ZEPOSIA ORAL CAPSULE 0.92 MG	4	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	4	SPP; PA; QL: Maximum quantity of 28 per 365 days. Max. 1 kit per 365 days
Central Nervous System Agents - Miscellaneous		
AUSTEDO ORAL TABLET 12 MG, 9 MG	3	SPP; PA; QL: Max. 4 per day; This drug is not available through home delivery
AUSTEDO ORAL TABLET 6 MG	3	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	3	SPP; PA; QL: 60 tablets/30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	3	SPP; PA; QL: 30 tablets/30 days
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG	3	PA; WLM
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	3	PA; QL: Max. 1 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	3	PA; QL: 1 unit per day; Maximum of 30 days supply per fill
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	3	PA; QL: Max. 1 per day. Max. 1 pack per 365 days.Maximum 30 days supply per fill

DRUG NAME	TIER	LIMITATIONS / *NOTES
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	1	WLM
phendimetrazine tartrate oral tablet 35 mg	1	WLM
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	1	WLM
phentermine hcl oral tablet 37.5 mg	1	WLM
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	4	SPP; PA; QL: 50 mL per 24 days; This drug is not available through home delivery
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	4	SPP; PA; QL: 1 per lifetime; This drug is not available through home delivery
riluzole oral tablet 50 mg	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	ST
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	3	QL: Maximum of 30 days supply per fill
tetrabenazine oral tablet 12.5 mg, 25 mg	1	SPP; QL: Max. 3 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	QL: Maximum of 30 days supply per fill
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	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	2	PA; QL: Max. 4 pens (2 mL) per 28 days; WLM
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl oral capsule 30 mg	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	LCG
DENTA 5000 PLUS DENTAL CREAM 1.1 %	3	
DENTAGEL DENTAL GEL 1.1 %	3	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	2	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	3	
KOURZEQ MOUTH/THROAT PASTE 0.1 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	
ORALONE MOUTH/THROAT PASTE 0.1 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
periogard mouth/throat solution 0.12 %	1	LCG
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 %	1	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental gel 1.1 %	1	
sodium fluoride dental cream 1.1 %	1	
sodium fluoride dental gel 1.1 %	1	
sodium fluoride mouth/throat solution 0.2 %	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
Dermatological Agents - Drugs for Skin Conditions		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
adapalene external cream 0.1 %	1	PA: Prior Authorization required for members 26 years of age and older
adapalene external gel 0.1 %, 0.3 %	1	PA: Prior Authorization required for members 26 years of age and older
ADAPALENE EXTERNAL SOLUTION 0.1 %	1	PA: Prior Authorization required for members 26 years of age and older
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	PA: Prior Authorization required for members 26 years of age and older
adapalene-benzoyl peroxide external gel 0.3-2.5 %	2	PA: Prior Authorization required for members 26 years of age and older
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	3	SPP; PA; QL: 2 auto-injectors [4 mL] per 28 days
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	SPP; PA; QL: Max 4 per 28 days; This drug is not available through home delivery
ala-cort external cream 1 %	1	
alclometasone dipropionate external cream 0.05 %	2	
alclometasone dipropionate external ointment 0.05 %	2	
ammonium lactate external cream 12 %	1	
ammonium lactate external lotion 12 %	1	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
azelaic acid external gel 15 %	1	
AZELEX EXTERNAL CREAM 20 %	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
benzoyl peroxide-erythromycin external gel 5-3 %	1	
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	2	
betamethasone dipropionate aug external lotion 0.05 %	1	
betamethasone dipropionate aug external ointment 0.05 %	2	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	2	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external foam 0.12 %	2	
betamethasone valerate external lotion 0.1 %	2	
betamethasone valerate external ointment 0.1 %	1	
calcipotriene external cream 0.005 %	3	
calcipotriene external ointment 0.005 %	3	
calcipotriene external solution 0.005 %	3	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	3	
calcitriol external ointment 3 mcg/gm	1	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
clindamycin phos (once-daily) external gel 1 %	1	
clindamycin phos (twice-daily) external gel 1 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1	
clindamycin phosphate external lotion 1 %	1	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
clindamycin-tretinoin external gel 1.2-0.025 %	2	PA: Prior Authorization required for members 26 years of age and older
clobetasol propionate e external cream 0.05 %	2	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam 0.05 %	1	
clobetasol propionate external gel 0.05 %	1	
clobetasol propionate external liquid 0.05 %	2	
clobetasol propionate external lotion 0.05 %	2	
clobetasol propionate external ointment 0.05 %	1	
clobetasol propionate external shampoo 0.05 %	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
clobetasol propionate external solution 0.05 %	1	
clodan external shampoo 0.05 %	2	
dapsone external gel 5 %	1	
dapsone external gel 7.5 %	2	
desonide external cream 0.05 %	2	
desonide external lotion 0.05 %	2	
desonide external ointment 0.05 %	1	
desoximetasone external cream 0.25 %	1	
desoximetasone external liquid 0.25 %	2	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium external gel 3 %	1	
DIFFERIN EXTERNAL LOTION 0.1 %	3	PA: Prior Authorization required for members 26 years of age and older
doxepin hcl external cream 5 %	3	
DRYSOL EXTERNAL SOLUTION 20 %	3	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	3	SPP; PA; QL: Max. 2 syringes per 28 day(s); This drug is not available through home delivery
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	3	SPP; PA; QL: Max. 2 pens per 28 day(s); This drug is not available through home delivery
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	3	SPP; PA; QL: Max. 2 syringes per 28 day(s); This drug is not available through home delivery; HSA
ery external pad 2 %	1	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
EUCRISA EXTERNAL OINTMENT 2 %	2	QL: 60 grams per month; ST
FABIOR EXTERNAL FOAM 0.1 %	3	PA
FILSUVEZ EXTERNAL GEL 10 %	4	PA; QL: 1 tube per day; Maximum of 30 days supply per fill
FINACEA EXTERNAL FOAM 15 %	2	
fluocinolone acetonide body external oil 0.01 %	1	
fluocinolone acetonide external ointment 0.025 %	2	
fluocinolone acetonide external solution 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	
fluocinonide emulsified base external cream 0.05 %	2	
fluocinonide external cream 0.05 %, 0.1 %	1	
fluocinonide external gel 0.05 %	1	
fluocinonide external ointment 0.05 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
fluocinonide external solution 0.05 %	1	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
ft itch relief max strength external cream 1 %	1	
ft itch relief max strength external ointment 1 %	1	
ft itch relief/aloe max str external cream 1 %	1	
goodsense anti-itch maximum st external ointment 1 %	1	
halobetasol propionate external cream 0.05 %	2	
halobetasol propionate external ointment 0.05 %	1	
hydrocortisone anti-itch external cream 1 %	1	
hydrocortisone external cream 1 %	1	
hydrocortisone external cream 2.5 %	1	LCG
hydrocortisone external lotion 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %	1	
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 %	1	
hydrocortisone valerate external ointment 0.2 %	2	
hydrocortisone/aloe max str external cream 1 %	1	
HYFTOR EXTERNAL GEL 0.2 %	3	PA
imiquimod external cream 3.75 %	2	
imiquimod external cream 5 %	1	
imiquimod pump external cream 3.75 %	2	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	2	
ivermectin external cream 1 %	2	
lactic acid e external cream 10-3500 %-unt/30gm	1	
LITFULO ORAL CAPSULE 50 MG	4	SPP; PA; QL: 1 tablet per day
methoxsalen rapid oral capsule 10 mg	1	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	LCG

DRUG NAME	TIER	LIMITATIONS / *NOTES
mometasone furoate external solution 0.1 %	1	
neuac external gel 1.2-5 %	1	
OPZELURA EXTERNAL CREAM 1.5 %	2	QL: Max 8.6gm per day; ST
pimecrolimus external cream 1 %	2	ST
podofilox external gel 0.5 %	3	
podofilox external solution 0.5 %	1	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %	2	
QBREXZA EXTERNAL PAD 2.4 %	3	PA; QL: Max. 1 per day
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	3	
selenium sulfide external lotion 2.5 %	1	
sulfacetamide sodium (acne) external lotion 10 %	1	
tacrolimus external ointment 0.03 %, 0.1 %	1	ST
tazarotene external cream 0.05 %	3	PA
tazarotene external cream 0.1 %	1	PA
TAZAROTENE EXTERNAL FOAM 0.1 %	3	PA
tazarotene external gel 0.05 %, 0.1 %	3	PA
TAZORAC EXTERNAL CREAM 0.05 %	3	PA
TOLAK EXTERNAL CREAM 4 %	2	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	1	PA: Prior Authorization required for members 26 years of age and older
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	1	PA: Prior Authorization required for members 26 years of age and older
tretinoin microsphere external gel 0.04 %, 0.1 %	2	PA: Prior Authorization required for members 26 years of age and older
tretinoin microsphere pump external gel 0.04 %, 0.1 %	2	PA: Prior Authorization required for members 26 years of age and older
triamcinolone acetonide external aerosol solution 0.147 mg/gm	2	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	LCG
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm external cream 0.5 %	1	LCG
VTAMA EXTERNAL CREAM 1 %	3	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
ZORYVE EXTERNAL CREAM 0.3 %	3	PA
Diabetes - Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	HSA
CYCLOSET ORAL TABLET 0.8 MG	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
FARXIGA ORAL TABLET 10 MG, 5 MG	2	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	1	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	1	HSA
glyburide micronized oral tablet 1.5 mg	1	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	1	HSA
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	HSA
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	2	HSA
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	2	HSA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	HSA
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	HSA
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	2	HSA
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	2	HSA
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	2	PA; HSA
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	1	PA; HSA
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	1	PA; Generic Fortamet; HSA
metformin hcl er oral tablet extended release 24 hour 500 mg	1	HSA
metformin hcl er oral tablet extended release 24 hour 750 mg	1	Generic Glucophage XR; HSA
metformin hcl oral solution 500 mg/5ml	2	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	1	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	2	PA; QL: 4 pens (2 mL) per 28 days; HSA
nateglinide oral tablet 120 mg, 60 mg	1	HSA
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; QL: 1 pen (3 mL) per 28 days; HSA
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	HSA

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DRUG NAME	TIER	LIMITATIONS / *NOTES
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	HSA
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	HSA
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	HSA
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL; HSA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	2	HSA
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	2	HSA
TRADJENTA ORAL TABLET 5 MG	2	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	2	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	2	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	2	HSA
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	PA; HSA
Diabetes - Glucose Monitoring		
ADVOCATE SAFETY LANCETS 21G	2	HSA
ADVOCATE SAFETY LANCETS 23G	2	HSA
ADVOCATE SAFETY LANCETS 28G	2	HSA
CARESENS LANCETS 30G	2	HSA
CEQUR SIMPLICITY 2U DEVICE	3	PA; QL: Maximum of 1 box per 30 days; HSA
CEQUR SIMPLICITY INSERTER	3	PA; QL: Maximum of 1 per year; HSA
CHEMSTRIP 10 MD IN VITRO STRIP	2	DIAB
CHEMSTRIP 10/SG IN VITRO STRIP	2	DIAB
CHEMSTRIP 2 GP IN VITRO STRIP	2	DIAB
CHEMSTRIP 5 OB IN VITRO STRIP	2	DIAB
CHEMSTRIP 7 IN VITRO STRIP	2	DIAB
CHEMSTRIP 9 IN VITRO STRIP	2	DIAB
CHEMSTRIP K IN VITRO STRIP	2	HSA
CHEMSTRIP UGK IN VITRO STRIP	2	HSA; DIAB
CHOSEN LANCETS 30G	2	HSA
CHOSEN SAFETY LANCETS 28G	2	HSA
CLEVER CHOICE COMFORT EZ	2	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
COMFORT TOUCH TWIST LANCET 30G	2	HSA
DIASTIX REAGENT IN VITRO STRIP	2	HSA; DIAB
DROPSAFE ACTI-LANCE 23G	2	HSA
FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP	2	HSA; DIAB
FREESTYLE FREEDOM LITE KIT W/DEVICE	MD	QL: 1 per 365 days; HSA
FREESTYLE INSULINX TEST IN VITRO STRIP	2	QL: 204 per 30 days; HSA
FREESTYLE LIBRE 14 DAY READER DEVICE	3	PA; QL: Max. 1 in 365 days; HSA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; QL: Maximum 2 per 28 days; HSA
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA; QL: 2 sensors per 30 days; HSA
FREESTYLE LIBRE 2 READER DEVICE	3	PA; QL: Max. 1 in 365 days; HSA
FREESTYLE LIBRE 2 SENSOR	3	PA; QL: Maximum 2 per 28 days; HSA
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA; QL: 2 sensors/30 days; HSA
FREESTYLE LIBRE 3 READER DEVICE	3	PA; QL: 1 reader per year; HSA
FREESTYLE LIBRE 3 SENSOR	3	PA; QL: Maximum 2 per 28 days; HSA
FREESTYLE LITE TEST IN VITRO STRIP	2	QL: 204 per 30 days; HSA
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	2	QL: 204 per 30 days; HSA
FREESTYLE TEST IN VITRO STRIP	2	QL: 204 per 30 days; HSA
KETO-DIASTIX IN VITRO STRIP	2	HSA; DIAB
KETONE CARE IN VITRO STRIP	2	HSA; DIAB
KETOSTIX IN VITRO STRIP	2	HSA
LANCETS	2	HSA
LANCETS 28G THIN	2	HSA
LANCETS SUPER THIN	2	HSA
MOBILE LANCETS 30G	2	HSA
PERFECT POINT SAFETY LANCETS	2	HSA
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	2	QL: 204 per 30 days; HSA
TECHLITE LANCETS 26G	2	HSA
VERIFINE SAFE LANCET MINI 21G	2	HSA
VERIFINE SAFE LANCET MINI 23G	2	HSA
VERIFINE SAFE LANCET MINI 28G	2	HSA
VERIFINE SAFE LANCET MINI 30G	2	HSA
VIVAGUARD LANCETS 30G	2	HSA
VIVAGUARD SAFETY LANCETS 28G	2	HSA
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	2	HSA
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	2	HSA
diazoxide oral suspension 50 mg/ml	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
glucagon emergency kit injection solution reconstituted 1 mg	1	HSA
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	HSA
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	2	HSA
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	2	HSA
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	2	HSA
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	HSA
Diabetes - Insulins		
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	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	2	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	2	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	2	HSA
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML	2	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	2	HSA
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	HSA
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML, 28G X 1/2" 1 ML	2	HSA
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	2	HSA
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1

DRUG NAME	TIER	LIMITATIONS / *NOTES
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1
HUMALOG SOLUTION 100 UNIT/ML INJECTION	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
HUMALOG SOLUTION 100 UNIT/ML INJECTION	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1

DRUG NAME	TIER	LIMITATIONS / *NOTES
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1

DRUG NAME	TIER	LIMITATIONS / *NOTES
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	PA; HSA; DIAB
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	PA; HSA; DIAB
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	3	PA; HSA; DIAB
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	PA; HSA; DIAB
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	PA; HSA; DIAB
INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	PA; HSA; DIAB
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; HSA; DIAB
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	HSA; DIAB
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	2	HSA; DIAB
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	HSA; DIAB
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	2	HSA; DIAB
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	HSA
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	HSA; DIAB

DRUG NAME	TIER	LIMITATIONS / *NOTES
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML	2	HSA; DIAB
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLIN R VIAL INJECTION SOLUTION 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	3	PA; HSA; DIAB
NOVOLOG U-100 VIAL INJECTION SOLUTION 100 UNIT/ML	3	PA; HSA; DIAB

DRUG NAME	TIER	LIMITATIONS / *NOTES
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA; DIAB; INST1
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	PA; HSA; DIAB
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; 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	2	HSA
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	HSA
Electrolytes / Minerals / Metals / Vitamins		
ACCRUFER ORAL CAPSULE 30 MG	3	PA
carglumic acid oral tablet soluble 200 mg	2	SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
CHEMET ORAL CAPSULE 100 MG	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	3	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	2	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
effer-k oral tablet effervescent 25 meq	1	
ergocalciferol oral capsule 1.25 mg (50000 ut)	1	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

DRUG NAME	TIER	LIMITATIONS / *NOTES
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; AL (Min 12 Years and Max 52 Years)
ft folic acid oral tablet 400 mcg, 800 mcg	1	ACA; AL (Min 12 Years and Max 52 Years)
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	1	
iodine strong oral solution 5 %	1	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con m10 oral tablet extended release 10 meq	1	
klor-con m15 oral tablet extended release 15 meq	1	
klor-con m20 oral tablet extended release 20 meq	1	
klor-con oral packet 20 meq	2	
klor-con oral tablet extended release 8 meq	1	
levocarnitine oral solution 1 gm/10ml	1	
levocarnitine oral tablet 330 mg	1	
levocarnitine sf oral solution 1 gm/10ml	1	
LOKELMA ORAL PACKET 10 GM, 5 GM	3	
phytonadione oral tablet 5 mg	1	HSA
pnv 27-ca/fe/fa oral tablet 60-1 mg	1	HSA
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	1	
potassium chloride oral packet 20 meq	2	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	
prenatal oral tablet 27-1 mg	1	HSA
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	HSA
sodium chloride irrigation solution 0.9 %	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	$0	ACA
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	$0	ACA
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	1	
tolvaptan oral tablet 15 mg, 30 mg	4	SPP; This drug is not available through home delivery
trientine hcl oral capsule 250 mg, 500 mg	2	PA
TRUE FOLIC ACID ORAL TABLET 400 MCG	1	ACA; AL (Min 12 Years and Max 52 Years)
VELTASSA ORAL PACKET 1 GM	3	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	This drug is not available through home delivery
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	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	
cimetidine hcl oral solution 300 mg/5ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	4	PA
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	1	
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	2	PA
esomeprazole magnesium oral packet 2.5 mg, 5 mg	3	
famotidine maximum strength oral tablet 20 mg	1	
famotidine oral suspension reconstituted 40 mg/5ml	1	
famotidine oral tablet 10 mg, 20 mg, 40 mg	1	
famotidine orig st oral tablet 10 mg	1	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	3	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	3	
ft acid reducer max strength oral tablet 20 mg	1	
ft acid reducer oral capsule delayed release 20 mg	1	
ft acid reducer oral tablet 10 mg	1	
lansoprazole oral capsule delayed release 15 mg, 30 mg	1	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	2	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
misoprostol oral tablet 100 mcg, 200 mcg	1	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	1	
omeprazole oral capsule delayed release 10 mg, 20 mg	1	LCG
omeprazole oral capsule delayed release 40 mg	1	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	1	
pantoprazole sodium oral packet 40 mg	2	PA
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	3	PA
rabeprazole sodium oral tablet delayed release 20 mg	1	
sucralfate oral suspension 1 gm/10ml	2	
sucralfate oral tablet 1 gm	1	
VOQUEZNA ORAL TABLET 10 MG, 20 MG	3	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	1	
alvimopan oral capsule 12 mg	2	
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	
bisacodyl ec oral tablet delayed release 5 mg	1	
bisacodyl rectal suppository 10 mg	1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
citroma oral solution 1.745 gm/30ml	1	
clearlax oral powder 17 gm/scoop	1	
constulose oral solution 10 gm/15ml	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	HSA
cvs gentle laxative rectal suppository 10 mg	1	
dicyclomine hcl oral capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
enulose oral solution 10 gm/15ml	1	
fiber oral powder 25 %, 28.3 %, 51.7 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	
gavilax oral powder 17 gm/scoop	1	
gavilyte-c oral solution reconstituted 240 gm	1	ACA
gavilyte-g oral solution reconstituted 236 gm	1	ACA
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	ACA
generlac oral solution 10 gm/15ml	1	
gentle laxative oral tablet delayed release 5 mg	1	
gentle laxative rectal suppository 10 mg	1	
geri-kot oral tablet 8.6 mg	1	
glycolax oral powder 17 gm/scoop	1	
glycopyrrolate oral solution 1 mg/5ml	2	This drug is not available through home delivery
glycopyrrolate oral tablet 1 mg, 2 mg	1	
goodsense enema rectal enema 7-19 gm/118ml	1	
goodsense senna laxative oral tablet 8.6 mg	1	
KRISTALOSE ORAL PACKET 10 GM, 20 GM	3	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral packet 10 gm	2	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	
lubiprostone oral capsule 24 mcg, 8 mcg	1	
magnesium citrate oral solution 1.745 gm/30ml	1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	1	
mm clearlax oral powder 17 gm/scoop	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	ST
MOTOFEN ORAL TABLET 1-0.025 MG	3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	3	ST
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	ACA; AL (Min 45 Years and Max 75 Years)
natural fiber laxative oral powder 28.3 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
natural senna laxative oral tablet 8.6 mg	1	
opium oral tincture 10 mg/ml (1%)	1	
peg 3350 oral powder 17 gm/scoop	1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	ACA
peg-3350/electrolytes oral solution reconstituted 236 gm	1	ACA
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	ACA
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	ACA
polyethylene glycol 3350 oral powder 17 gm/scoop	1	
prucalopride succinate oral tablet 1 mg, 2 mg	3	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, 6 MG	3	SPP; PA; This drug is not available through home delivery
smooth lax oral powder 17 gm/scoop	1	
SYMPROIC ORAL TABLET 0.2 MG	2	
true laxative oral powder 17 gm/scoop	1	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	3	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	3	PA
VOWST ORAL CAPSULE	3	PA
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; This drug is not available through home delivery
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; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	2	
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; This drug is not available through home delivery
EVRYSDI ORAL TABLET 5 MG	4	PA; QL: 1 tablet per day; max 30 days supply per fill
miglustat oral capsule 100 mg	2	SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
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
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	3	ST
sapropterin dihydrochloride oral packet 100 mg, 500 mg	4	SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
sapropterin dihydrochloride oral tablet 100 mg	4	SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
sodium phenylbutyrate oral powder 3 gm/tsp	3	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
sodium phenylbutyrate oral tablet 500 mg	3	QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	4	QL: Max. 24 vials per 28 days.Maximum 30 days supply per fill; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
SUCRAID ORAL SOLUTION 8500 UNIT/ML	4	This drug is not available through home delivery
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	3	ST
yargesa oral capsule 100 mg	2	SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
zelvysia oral packet 100 mg, 500 mg	4	SPP; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium acetate oral tablet 667 mg	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 20 MCG	3	QL: Max. 6 vials per 30 day(s)
CAVERJECT IMPULSE KIT 10 MCG INTRACAVERNOSAL	3	QL
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG	3	QL: Max. 6 vials per 30 day(s)
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	1	
EDEX INTRACAVERNOSAL KIT 20 MCG, 40 MCG	3	QL: Max. 6 vials per 30 day(s)
EDEX KIT 10 MCG INTRACAVERNOSAL	3	QL
ELMIRON ORAL CAPSULE 100 MG	3	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	1	
FILSPARI ORAL TABLET 200 MG, 400 MG	3	PA; QL: 1 unit per day
flavoxate hcl oral tablet 100 mg	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	4	
INTRAROSA VAGINAL INSERT 6.5 MG	3	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	2	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	2	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	
oxybutynin chloride oral solution 5 mg/5ml	1	
oxybutynin chloride oral tablet 5 mg	1	
penicillamine oral tablet 250 mg	1	PA
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	2	
sevelamer carbonate oral tablet 800 mg	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL: Max 4 per 30 days
solifenacin succinate oral tablet 10 mg, 5 mg	1	
tadalafil oral tablet 10 mg, 20 mg	1	QL: Max 4 per 30 days
tadalafil oral tablet 2.5 mg, 5 mg	1	QL: Prior Authorization required for Quantity exceeding 4 per 30 days
tiopronin oral tablet 100 mg	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	1	
tolterodine tartrate oral tablet 1 mg, 2 mg	1	
trospium chloride er oral capsule extended release 24 hour 60 mg	1	
trospium chloride oral tablet 20 mg	1	
VANRAFIA ORAL TABLET 0.75 MG	3	PA; QL: 1 tablet per day
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	QL: Max 4 per 30 days
VELPHORO ORAL TABLET CHEWABLE 500 MG	4	PA
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	HSA
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
finasteride oral tablet 5 mg	1	
silodosin oral capsule 4 mg, 8 mg	1	
tamsulosin hcl oral capsule 0.4 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	HSA
Hormonal Agents - Adrenal		
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	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	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone sod suc (pf) injection solution reconstituted 100 mg	3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablet therapy pack 4 mg	1	
prednisolone oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	1	
prednisone intensol oral concentrate 5 mg/ml	3	
prednisone oral solution 5 mg/5ml	1	
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)	1	
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	1	
KYZATREX ORAL CAPSULE 150 MG, 200 MG	3	PA
METHITEST ORAL TABLET 10 MG	3	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	
testosterone enanthate intramuscular solution 200 mg/ml	1	
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%)	1	
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)	2	
testosterone transdermal solution 30 mg/act	1	
Hormonal Agents - Pituitary		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	3	SPP; PA
ACTHAR INJECTION GEL 80 UNIT/ML	3	SPP; PA; This drug is not available through home delivery
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	1	
cetrorelix acetate subcutaneous kit 0.25 mg	3	SPP; PA; This drug is not available through home delivery; FM
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	2	SPP; PA; This drug is not available through home delivery; FM
CLOMID ORAL TABLET 50 MG	2	
clomiphene citrate oral tablet 50 mg	2	
CORTROPHIN INJECTION GEL 80 UNIT/ML	3	SPP; PA; This drug is not available through home delivery
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	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 %	1	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate spray nasal solution 0.01 %	1	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	SPP; This drug is not available through home delivery; CM
FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	3	SPP; PA; This drug is not available through home delivery; FM
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	4	SPP; PA; This drug is not available through home delivery; FM
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT	3	SPP; PA; This drug is not available through home delivery; FM

DRUG NAME	TIER	LIMITATIONS / *NOTES
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML	3	SPP; PA; This drug is not available through home delivery; FM
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	4	PA; This drug is not available through home delivery
leuprolide acetate injection kit 1 mg/0.2ml	1	SPP; This drug is not available through home delivery; FM
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	4	SPP; This drug is not available through home delivery
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	4	SPP; This drug is not available through home delivery
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	4	SPP; This drug is not available through home delivery
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	4	SPP; This drug is not available through home delivery
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	4	
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	4	CM
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	4	SPP; PA; This drug is not available through home delivery; FM
milophene oral tablet 50 mg	2	
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	2	SPP; PA; This drug is not available through home delivery; FM
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml, 500 mcg/ml	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; This drug is not available through home delivery
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	3	SPP; PA; This drug is not available through home delivery
ORILISSA ORAL TABLET 150 MG, 200 MG	3	PA
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	2	SPP; PA; This drug is not available through home delivery; FM
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	2	SPP; PA; This drug is not available through home delivery; FM
RECORLEV ORAL TABLET 150 MG	4	PA; QL: Max. 8 per day.Maximum 30 days supply per fill; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	3	QL: Max. 2 ampules per day.Maximum 30 days supply per fill; This drug is not available through home delivery
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	SPP; This drug is not available through home delivery
SYNAREL NASAL SOLUTION 2 MG/ML	4	PA; This drug is not available through home delivery; FM
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	3	
raloxifene hcl oral tablet 60 mg	1	HSA; ACA
Hormonal Agents - Sex Hormones and Birth Control		
abigale lo oral tablet 0.5-0.1 mg	1	
abigale oral tablet 1-0.5 mg	1	
afirmelle oral tablet 0.1-20 mg-mcg	$0	WH
aftera oral tablet 1.5 mg	$0	WH
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	HSA
altavera oral tablet 0.15-30 mg-mcg	$0	WH
alyacen 1/35 oral tablet 1-35 mg-mcg	$0	WH
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	WH
amethyst oral tablet 90-20 mcg	$0	WH
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	$0	WH
apri oral tablet 0.15-30 mg-mcg	$0	WH
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

DRUG NAME	TIER	LIMITATIONS / *NOTES
ayuna oral tablet 0.15-30 mg-mcg	$0	WH
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	$0	WH
balziva oral tablet 0.4-35 mg-mcg	$0	WH
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	$0	WH
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
blisovi fe 1/20 oral tablet 1-20 mg-mcg	$0	WH
briellyn oral tablet 0.4-35 mg-mcg	$0	WH
camila oral tablet 0.35 mg	$0	WH
camrese lo oral tablet 0.1-0.02 & 0.01 mg	$0	WH
camrese oral tablet 0.15-0.03 &0.01 mg	$0	WH
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	$0	WH
chateal eq oral tablet 0.15-30 mg-mcg	$0	WH
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	3	
CRINONE VAGINAL GEL 4 %, 8 %	3	This drug is not available through home delivery; FM
cryselle-28 oral tablet 0.3-30 mg-mcg	$0	WH
cyred eq oral tablet 0.15-30 mg-mcg	$0	WH
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	$0	WH
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	WH
daysee oral tablet 0.15-0.03 &0.01 mg	$0	WH
deblitane oral tablet 0.35 mg	$0	WH
delyla oral tablet 0.1-20 mg-mcg	$0	WH
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	$0	WH
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	$0	WH
dolishale oral tablet 90-20 mcg	$0	WH
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	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

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	3	This drug is not available through home delivery; FM
enilloring vaginal ring 0.12-0.015 mg/24hr	$0	WH
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	$0	WH
enskyce oral tablet 0.15-30 mg-mcg	$0	WH
errin oral tablet 0.35 mg	$0	WH
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	2	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	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	1	HSA
estradiol vaginal cream 0.01 %	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRING VAGINAL RING 7.5 MCG/24HR	2	
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	2	HSA
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0	WH
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	$0	WH
falmina oral tablet 0.1-20 mg-mcg	$0	WH
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
feirza 1/20 oral tablet 1-20 mg-mcg	$0	WH
finzala oral tablet chewable 1-20 mg-mcg(24)	$0	WH
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
galbriela oral tablet chewable 0.8-25 mg-mcg	$0	WH
gallifrey oral tablet 5 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
gemmily oral capsule 1-20 mg-mcg(24)	$0	WH
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
hailey 24 fe oral tablet 1-20 mg-mcg(24)	$0	WH
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
hailey fe 1/20 oral tablet 1-20 mg-mcg	$0	WH
haloette vaginal ring 0.12-0.015 mg/24hr	$0	WH
heather oral tablet 0.35 mg	$0	WH
her style oral tablet 1.5 mg	$0	WH
iclevia oral tablet 0.15-0.03 mg	$0	WH
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	3	
incassia oral tablet 0.35 mg	$0	WH
introvale oral tablet 0.15-0.03 mg	$0	WH
isibloom oral tablet 0.15-30 mg-mcg	$0	WH
jaimiess oral tablet 0.15-0.03 &0.01 mg	$0	WH
jasmiel oral tablet 3-0.02 mg	$0	WH
jencycla oral tablet 0.35 mg	$0	WH
jinteli oral tablet 1-5 mg-mcg	1	
jolessa oral tablet 0.15-0.03 mg	$0	WH
joyeaux oral tablet 0.1-20 mg-mcg(21)	$0	WH
juleber oral tablet 0.15-30 mg-mcg	$0	WH
junel 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
junel 1/20 oral tablet 1-20 mg-mcg	$0	WH
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
junel fe 1/20 oral tablet 1-20 mg-mcg	$0	WH
junel fe 24 oral tablet 1-20 mg-mcg(24)	$0	WH
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	$0	WH
kalliga oral tablet 0.15-30 mg-mcg	$0	WH
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	$0	WH
kelnor 1/35 oral tablet 1-35 mg-mcg	$0	WH
kurvelo oral tablet 0.15-30 mg-mcg	$0	WH
larin 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
larin 1/20 oral tablet 1-20 mg-mcg	$0	WH
larin 24 fe oral tablet 1-20 mg-mcg(24)	$0	WH
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
larin fe 1/20 oral tablet 1-20 mg-mcg	$0	WH
lessina oral tablet 0.1-20 mg-mcg	$0	WH

DRUG NAME	TIER	LIMITATIONS / *NOTES
levonest oral tablet 50-30/75-40/ 125-30 mcg	$0	WH
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	$0	WH
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	$0	WH
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	$0	WH
levonorgestrel oral tablet 1.5 mg	$0	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	1	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	1	CM
megestrol acetate oral tablet 20 mg, 40 mg	1	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

DRUG NAME	TIER	LIMITATIONS / *NOTES
mili oral tablet 0.25-35 mg-mcg	$0	WH
mimvey oral tablet 1-0.5 mg	1	
minzoya oral tablet 0.1-20 mg-mcg(21)	$0	WH
mono-linyah oral tablet 0.25-35 mg-mcg	$0	WH
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	2	PA
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	$0	WH
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0	WH
new day oral tablet 1.5 mg	$0	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	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	WH
norethindrone oral tablet 0.35 mg	$0	WH
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	$0	WH
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	$0	WH
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	$0	WH
norlyroc oral tablet 0.35 mg	$0	WH
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0	WH
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	$0	WH
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	$0	WH
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	WH
nylia 1/35 oral tablet 1-35 mg-mcg	$0	WH
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	WH
opcicon one-step oral tablet 1.5 mg	$0	WH
option 2 oral tablet 1.5 mg	$0	WH

DRUG NAME	TIER	LIMITATIONS / *NOTES
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	3	PA
orquidea oral tablet 0.35 mg	$0	WH
philith oral tablet 0.4-35 mg-mcg	$0	WH
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	$0	WH
portia-28 oral tablet 0.15-30 mg-mcg	$0	WH
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	HSA
PREMARIN VAGINAL CREAM 0.625 MG/GM	2	
PREMPHASE ORAL TABLET 0.625-5 MG	2	HSA
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	HSA
progesterone intramuscular oil 50 mg/ml	1	This drug is not available through home delivery; FM
progesterone oral capsule 100 mg, 200 mg	1	
progesterone vaginal insert 100 mg	3	This drug is not available through home delivery; FM
react oral tablet 1.5 mg	$0	WH
reclipsen oral tablet 0.15-30 mg-mcg	$0	WH
rivelsa oral tablet 42-21-21-7 days	$0	WH
rosyrah oral tablet 42-21-21-7 days	$0	WH
setlakin oral tablet 0.15-0.03 mg	$0	WH
sharobel oral tablet 0.35 mg	$0	WH
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	$0	WH
simpesse oral tablet 0.15-0.03 &0.01 mg	$0	WH
SLYND ORAL TABLET 4 MG	$0	WH
sprintec 28 oral tablet 0.25-35 mg-mcg	$0	WH
sronyx oral tablet 0.1-20 mg-mcg	$0	WH
syeda oral tablet 3-0.03 mg	$0	WH
take action oral tablet 1.5 mg	$0	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

DRUG NAME	TIER	LIMITATIONS / *NOTES
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
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	$0	WH
xelria fe oral tablet chewable 0.4-35 mg-mcg	$0	WH
xulane transdermal patch weekly 150-35 mcg/24hr	$0	WH
yuvafem vaginal tablet 10 mcg	1	
zafemy transdermal patch weekly 150-35 mcg/24hr	$0	WH
zovia 1/35 (28) oral tablet 1-35 mg-mcg	$0	WH
zumandimine oral tablet 3-0.03 mg	$0	WH
Hormonal Agents - Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
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 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

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	
methimazole oral tablet 10 mg, 5 mg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
propylthiouracil oral tablet 50 mg	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
thyroid tablet 120 mg oral	1	
thyroid tablet 120 mg oral	2	
thyroid tablet 15 mg oral	1	
thyroid tablet 15 mg oral	2	
thyroid tablet 30 mg oral	1	
thyroid tablet 30 mg oral	2	
thyroid tablet 60 mg oral	1	
thyroid tablet 60 mg oral	2	
thyroid tablet 90 mg oral	1	
thyroid tablet 90 mg oral	2	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	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; This drug is not available through home delivery
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	4	SPP; PA; QL: Max. 4 syringes per 28 day(s); This drug is not available through home delivery
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	4	SPP; PA; This drug is not available through home delivery
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
AURANOFIN ORAL CAPSULE 3 MG	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	4	SPP; PA; QL: Max. 4 auto injector per 28 day(s); This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
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
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
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; This drug is not available through home delivery
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	3	SPP; PA; QL: Max. 1 in 28 days; This drug is not available through home delivery
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	3	SPP; PA; QL; This drug is not available through home delivery
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	This drug is not available through home delivery
cyclosporine modified oral solution 100 mg/ml	1	This drug is not available through home delivery
cyclosporine oral capsule 100 mg	1	This drug is not available through home delivery
cyclosporine oral capsule 25 mg	1	This drug is not available through home delivery
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	3	SPP; PA; QL: Max. 4 pens per 28 day(s); This drug is not available through home delivery
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	SPP; PA; QL: Max. 4 vials per 28 days; This drug is not available through home delivery
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	3	SPP; PA; QL: Max. 8 syringes per 28 day(s); This drug is not available through home delivery
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	3	SPP; PA; QL: Max. 4 syringes per 28 day(s); This drug is not available through home delivery
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	3	SPP; PA; QL: Max. 4 pens per 28 day(s); This drug is not available through home delivery
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
gengraf oral capsule 100 mg, 25 mg	1	This drug is not available through home delivery
gengraf oral solution 100 mg/ml	1	This drug is not available through home delivery
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); Select manufacturers may not be covered
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	SPP; PA; QL: Max. 1 kit per 365 day(s); Select manufacturers may not be covered
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	3	SPP; PA; QL: Max. 1 kit per 365 day(s); Select manufacturers may not be covered
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML	MD	
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	3	SPP; PA; QL: Max. 2 syringes per fill
JOENJA ORAL TABLET 70 MG	4	PA; QL: Maximum of 30 days supply per fill
KEDRAB INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	MD	
leflunomide oral tablet 10 mg, 20 mg	1	
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA; QL: Max. 6 per day.Maximum 30 days supply per fill
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	MD	This drug is not available through home delivery
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	MD	This drug is not available through home delivery
methotrexate sodium injection solution reconstituted 1 gm	MD	This drug is not available through home delivery
methotrexate sodium oral tablet 2.5 mg	1	
mycophenolate mofetil oral capsule 250 mg	1	This drug is not available through home delivery
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
mycophenolate mofetil oral tablet 500 mg	1	This drug is not available through home delivery
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	1	This drug is not available through home delivery
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	This drug is not available through home delivery
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	4	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML	3	PA
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML	3	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	3	SPP; PA
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	SPP; PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	4	SPP; PA; QL: Max. 4 auto injector per 28 day(s); This drug is not available through home delivery
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	4	SPP; PA; QL: Max. 4 syringes per 28 day(s); This drug is not available through home delivery
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	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; This drug is not available through home delivery
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	3	SPP; PA; QL: Limit fills to 1 in 365 days; Max. 2 per day; This drug is not available through home delivery
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	3	SPP; PA; QL: 2 per day; max 1 fill per 365 days
PROGRAF ORAL PACKET 0.2 MG, 1 MG	3	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	2	This drug is not available through home delivery
REZUROCK ORAL TABLET 200 MG	3	PA; QL: Max. 1 per day.Maximum 30 days supply per fill; This drug is not available through home delivery
RIDAURA ORAL CAPSULE 3 MG	3	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	3	SPP; PA; QL: 6 mL per day

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; This drug is not available through home delivery
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); This drug is not available through home delivery
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	3	SPP; PA; QL: Max. 1 pen per 30 day(s); This drug is not available through home delivery
sirolimus oral solution 1 mg/ml	2	This drug is not available through home delivery
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	This drug is not available through home delivery
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	SPP; PA; QL: Max. 1 pen per 84 days; This drug is not available through home delivery
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	3	SPP; PA; QL: Max. 1 cartridge per 56 days.; This drug is not available through home delivery
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	3	SPP; PA; QL: Maximum quantity of 0.043 per 1 Day[s]. Maximum of 56 days supply per fill. Max. 1 pen per 56 days; This drug is not available through home delivery
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	SPP; PA; QL: Max. 1 prefilled syringes per 84 days; This drug is not available through home delivery
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	4	PA; QL: Two syringes per 28 days; 30 day supply max
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	This drug is not available through home delivery
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	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; This drug is not available through home delivery
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	3	SPP; PA; QL: Max. 1 auto injector per 28 day(s); This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
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); This drug is not available through home delivery
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	3	SPP; PA; QL: Max. 1 syringe or injector per 56 days; This drug is not available through home delivery
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	3	SPP; PA; QL: Max. 1 syringe or injector per 56 days; This drug is not available through home delivery
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	3	SPP; PA; QL: 1 per 28 days
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	SPP; PA; QL: Max. 1 syringe or injector per 56 days; This drug is not available through home delivery
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	3	SPP; PA; QL: 1 per 28 days
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	3	SPP; PA; QL: 1 per 28 days
XELJANZ ORAL SOLUTION 1 MG/ML	3	SPP; PA; QL: Max. 10 ml per day; This drug is not available through home delivery
XELJANZ ORAL TABLET 10 MG, 5 MG	3	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	SPP; PA; QL: Max. 1 syringe per 84 days
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	3	SPP; PA; QL: Max. 1 syringe per 84 days
Inflammatory Bowel Disease Agents		
ANALPRAM HC EXTERNAL LOTION 2.5-1 %	2	
balsalazide disodium oral capsule 750 mg	1	
budesonide er oral tablet extended release 24 hour 9 mg	2	
budesonide oral capsule delayed release particles 3 mg	1	
budesonide rectal foam 2 mg, 2 mg/act	3	
DIPENTUM ORAL CAPSULE 250 MG	3	
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal enema 100 mg/60ml	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
mesalamine er oral capsule extended release 24 hour 0.375 gm	2	
mesalamine er oral capsule extended release 500 mg	3	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	2	
mesalamine rectal enema 4 gm	1	
mesalamine rectal suppository 1000 mg	2	
mesalamine-cleanser rectal kit 4 gm	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	2	
procto-med hc external cream 2.5 %	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	1	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	3	PA; QL: Max. 4 per day
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution 70 mg/75ml	3	QL: Max. 300 ML per 28 day(s); HSA
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	1	HSA
calcitonin (salmon) nasal solution 200 unit/act	1	HSA
ibandronate sodium oral tablet 150 mg	1	HSA
risedronate sodium oral tablet 150 mg, 35 mg, 5 mg	1	HSA
risedronate sodium oral tablet 30 mg	1	QL: Max. 1 tab per day; HSA
risedronate sodium oral tablet delayed release 35 mg	1	HSA
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
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	SPP; PA; QL: Max. 1 pen per 28 day(s); This drug is not available through home delivery; HSA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	3	PA; QL: Max. 1 pen per 30 day(s); This drug is not available through home delivery; HSA
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	2	This drug is not available through home delivery
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	

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

DRUG NAME	TIER	LIMITATIONS / *NOTES
BREATHE EASE MEDIUM DEVICE	MD	HSA
BREATHE EASE PEAK FLOW METER DEVICE	MD	HSA
BREATHE EASE SMALL DEVICE	MD	HSA
BREATHERITE VALVED MDI CHAMBER DEVICE	MD	HSA
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	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"	3	
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	3	
CAREPOINT SYRINGE LUER LOCK 1 ML	3	
CAREPOINT SYRINGE LUER SLIP 1 ML	3	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2"	3	
CARETOUCH LUER LOCK 1 ML	3	
CAYA VAGINAL DIAPHRAGM	$0	WH
CLEVER CHOICE HOLDING CHAMBER DEVICE	MD	HSA
CLEVER CHOICE PEAK FLOW METER DEVICE	MD	HSA
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM	2	HSA
COMPACT SPACE CHAMBER DEVICE	MD	HSA
COMPACT SPACE CHAMBER/LG MASK DEVICE	MD	HSA
COMPACT SPACE CHAMBER/MED MASK DEVICE	MD	HSA
COMPACT SPACE CHAMBER/SM MASK DEVICE	MD	HSA
CONDOMS	$0	QL: Max 144 per 365 days; WH
DEFLUX METAL NEEDLE 23G X 350MM	3	
DROPLET MICRON 34G X 3.5 MM	2	HSA
DROPSAFE SICURA 25G X 1"	3	
DUREX EXTRA SENSITIVE THIN	$0	QL: Max 144 per 365 days; WH
DUREX EXTRA SENSITIVE THIN DEVICE	$0	QL: Max 144 per 365 days; WH
DUREX TROPICAL	$0	QL: Max 144 per 365 days; WH

DRUG NAME	TIER	LIMITATIONS / *NOTES
EASIVENT	MD	HSA
EASY GLIDE LUER LOCK SYRINGE 1 ML	3	
EASY GLIDE SLIP LOCK SYRINGE 1 ML	3	
EASYPOINT NEEDLE 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	3	
EMBECTA AUTOSHIELD DUO 30G X 5 MM	2	HSA
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	2	HSA
EMBECTA PEN NEEDLE NANO 32G X 4 MM	2	HSA
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	2	HSA
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	HSA
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	HSA
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	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	2	HSA
INSUPEN32G EXTR3ME 32G X 6 MM	2	HSA
IWILFIN ORAL TABLET 192 MG	4	PA; QL: Maximum of 30 days supply per fill; CM
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL: Max. 1 per day
KERENDIA ORAL TABLET 40 MG	3	PA; QL: 1 per day
LIVMARLI ORAL SOLUTION 19 MG/ML	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; This drug is not available through home delivery
METHERGINE ORAL TABLET 0.2 MG	1	
methylergonovine maleate oral tablet 0.2 mg	1	
MICROCHAMBER DEVICE	MD	HSA
MINI WRIGHT PEAK FLOW METER DEVICE	MD	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	3	
NORM-JECT LUER SLIP SYRINGE 1 ML	3	
NOVOFINE PEN NEEDLE 32G X 6 MM	2	HSA
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	2	HSA
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	PA; QL: Max. 1 in 365 days; HSA
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA; QL: 10 pods per 30 days; HSA
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	PA; QL: Max. 10 pods per 28 days; HSA
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	2	PA; QL: 1 kit per 365 days; HSA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA; QL: 10 pods per 30 days; HSA
OMNIPOD DASH INTRO (GEN 4) KIT	2	QL: Max. 1 per day; HSA
OMNIPOD DASH PODS (GEN 4)	2	QL: Max. 10 pods per 28 days; HSA
OPTICHAMBER DIAMOND	MD	HSA
OPTICHAMBER DIAMOND-LG MASK DEVICE	MD	HSA
OPTICHAMBER DIAMOND-MD MASK	MD	HSA
OPTICHAMBER DIAMOND-SM MASK	MD	HSA
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	$0	WH
PANDA MASK LARGE	MD	HSA
PANDA MASK MEDIUM	MD	HSA
PANDA MASK SMALL	MD	HSA
PARI VORTEX ADULT MASK	MD	HSA
PARI VORTEX PEDIATRIC MASK	MD	HSA
PEAK A-I-R FLOW METER DEVICE	MD	HSA
PEDIATRIC PANDA MASK	MD	HSA
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM , 32G X 4 MM	2	HSA
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	2	HSA
PERFECT POINT SAFETY NEEDLE 25G X 1"	3	
PHEXX VAGINAL GEL 1.8-1-0.4 %	$0	WH
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	2	HSA
POCKET SPACER DEVICE	MD	HSA
PRECISION XTRA-GLUCOSE/KETONE DEVICE	MD	QL: Maximum quantity of 1 per 365 day(s); HSA
PRO COMFORT SPACER ADULT	MD	HSA
PRO COMFORT SPACER CHILD	MD	HSA
PRO COMFORT SPACER INFANT DEVICE	MD	HSA
PROCARE SPACER/ADULT MASK DEVICE	MD	HSA
PROCARE SPACER/CHILD MASK DEVICE	MD	HSA
PURE COMFORT FLOW METER ADULT DEVICE	MD	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	2	HSA
PURE COMFORT SPACER CHAMBER DEVICE	MD	HSA
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	2	HSA
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	2	HSA
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	HSA
SECURESAFE HYPODERMIC NEEDLE 22G X 1" , 25G X 1-1/2"	3	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	4	PA; QL: Maximum of 30 days supply per fill
SYRINGE LUER SLIP 1 ML	3	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM	2	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	2	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	2	HSA
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM	2	HSA
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	$0	WH
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	$0	WH
VEOZAH ORAL TABLET 45 MG	3	PA; QL: 30 tablets/30 days
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	2	HSA
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	HSA
VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" , 25G X 1"	3	
V-GO 20 KIT 20 UNIT/24HR	3	QL: Max. 1 per day; 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
VIVI CAP	2	HSA
VIVI CAP1	2	HSA
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	MD	HSA
VORTEX VALVED HOLDING CHAMBER DEVICE	MD	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
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		
ALOCRIL OPHTHALMIC SOLUTION 2 %	3	
AZASITE OPHTHALMIC SOLUTION 1 %	3	
azelastine hcl ophthalmic solution 0.05 %	1	
bacitracin ophthalmic ointment 500 unit/gm	1	
bepotastine besilate ophthalmic solution 1.5 %	3	PA
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	3	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	2	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
cromolyn sodium ophthalmic solution 4 %	1	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
diclofenac sodium ophthalmic solution 0.1 %	1	
difluprednate ophthalmic emulsion 0.05 %	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
epinastine hcl ophthalmic solution 0.05 %	1	
erythromycin ophthalmic ointment 5 mg/gm	1	
eye itch relief ophthalmic solution 0.035 %	1	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	3	
fluorometholone ophthalmic suspension 0.1 %	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	3	
gatifloxacin ophthalmic solution 0.5 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
goodsense eye itch relief ophthalmic solution 0.035 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 %	3	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
ketotifen fumarate ophthalmic solution 0.035 %	1	
levofloxacin ophthalmic solution 0.5 %	1	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	2	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	2	
loteprednol etabonate ophthalmic gel 0.5 %	2	
loteprednol etabonate ophthalmic suspension 0.5 %	2	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	3	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	1	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
NATACYN OPHTHALMIC SUSPENSION 5 %	3	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	3	
ofloxacin ophthalmic solution 0.3 %	1	
olopatadine hcl ophthalmic solution 0.2 %	1	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	3	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	
tobramycin ophthalmic solution 0.3 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBREX OPHTHALMIC OINTMENT 0.3 %	3	
trifluridine ophthalmic solution 1 %	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	3	PA; QL: 1 bottle per fill and 2 fills per year
ZIRGAN OPHTHALMIC GEL 0.15 %	3	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	HSA
acetazolamide oral tablet 125 mg, 250 mg	1	HSA
apraclonidine hcl ophthalmic solution 0.5 %	1	
betaxolol hcl ophthalmic solution 0.5 %	1	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3	
bimatoprost ophthalmic solution 0.03 %	1	ST
brimonidine tartrate ophthalmic solution 0.1 %	2	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	2	
brinzolamide ophthalmic suspension 1 %	2	
carteolol hcl ophthalmic solution 1 %	1	LCG
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	1	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
latanoprost ophthalmic solution 0.005 %	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	
methazolamide oral tablet 25 mg, 50 mg	1	HSA
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	2	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	2	
tafluprost (pf) ophthalmic solution 0.0015 %	2	
timolol hemihydrate ophthalmic solution 0.5 %	3	
timolol maleate (once-daily) ophthalmic solution 0.5 %	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	LCG
travoprost (bak free) ophthalmic solution 0.004 %	2	ST
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
altafrin ophthalmic solution 10 %, 2.5 %	1	
artificial tears ophthalmic solution , 0.5-0.6 %, 5-6 mg/ml	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
carboxymethylcellulose sodium ophthalmic solution 0.5 %	1	
cvs lubricant eye drops ophthalmic solution 0.4-0.3 %	1	
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine ophthalmic emulsion 0.05 %	2	QL
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	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	1	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	1	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	4	PA; QL: Max. of 8 kits (56 vials) per affected eye per lifetime.Maximum 30 days supply per fill; This drug is not available through home delivery
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
polyvinyl alcohol ophthalmic solution 1.4 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
proparacaine hcl ophthalmic solution 0.5 %	1	
qc artificial tears ophthalmic solution 0.5-0.6 %	1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL: Max. 2 bottles per 30 days
stye ophthalmic solution 0.5-0.6 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
tetracaine hcl ophthalmic solution 0.5 %	1	
tropicamide ophthalmic solution 0.5 %, 1 %	1	
ultra lubricating eye drops ophthalmic solution 0.4-0.3 %	1	
XIIDRA OPHTHALMIC SOLUTION 5 %	2	QL: Max. 2 per day
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	3	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic solution 2 %	1	
CIPRO HC OTIC SUSPENSION 0.2-1 %	3	
ciprofloxacin hcl otic solution 0.2 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	2	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	3	
fluocinolone acetonide otic oil 0.01 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
ofloxacin otic solution 0.3 %	1	
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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	1	
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
banophen oral tablet 25 mg	1	
benzonatate oral capsule 100 mg, 200 mg	1	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl childrens alrgy oral solution 1 mg/ml	1	
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	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
desloratadine oral tablet 5 mg	2	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	2	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
geri-dryl oral tablet 25 mg	1	
geri-tussin oral liquid 100 mg/5ml	1	
giltuss honey dm childrens oral liquid 15 mg/5ml	1	
giltuss honey dm oral liquid 30 mg/10ml	1	
goodsense allergy relief child oral solution 5 mg/5ml	1	
goodsense allergy relief oral capsule 25 mg	1	
goodsense allergy relief oral tablet 25 mg	1	
guaifed oral liquid 100 mg/5ml	1	
guaifenesin oral liquid 100 mg/5ml	1	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	
hydromet oral solution 5-1.5 mg/5ml	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	3	
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	1	
levocetirizine dihydrochloride oral tablet 5 mg	1	
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	1	
m-dryl oral liquid 12.5 mg/5ml	1	
mometasone furoate nasal suspension 50 mcg/act	1	
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 %	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
olopatadine hcl nasal solution 0.6 %	1	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	
promethazine-dm oral syrup 15-6.25 mg/5ml, 6.25-15 mg/5ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
pseudoephedrine hcl oral tablet 60 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 %	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	3	
saline nasal spray nasal solution 0.65 %	1	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
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 %	1	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	2	QL: Max. 1 inhaler per 30 day(s); HSA
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	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	1	HSA
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	1	HSA
albuterol sulfate oral syrup 2 mg/5ml	1	HSA
albuterol sulfate oral tablet 2 mg, 4 mg	1	HSA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	QL: Max. 1 inhaler per 30 day(s); HSA
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	2	QL: Max. 2 vials per day; HSA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	ST; HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	ST; HSA
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	ST; HSA
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	ST; 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	2	QL: Max. 1 inhaler per 30 day(s); HSA
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	2	QL: 1 inhaler per month; HSA
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1	HSA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	2	HSA
cromolyn sodium inhalation nebulization solution 20 mg/2ml	2	HSA
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	1	QL: 2 pens per fill; This drug is not available through home delivery; HSA
epinephrine injection solution auto-injector 0.15 mg/0.3ml	1	QL: 2 pens per fill; HSA
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	3	QL: 2 pens per fill; HSA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	3	SPP; PA; QL: Max. 1 pen per 56 days; This drug is not available through home delivery; HSA
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	3	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	1	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	1	QL: Max. 1 inhaler per 30 day(s); HSA
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	2	QL: Max. 2 vials per day; HSA
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	2	QL: Max. 1 inhaler per 30 day(s); HSA
ipratropium bromide inhalation solution 0.02 %	1	HSA
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	HSA
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	2	HSA
montelukast sodium oral packet 4 mg	1	HSA
montelukast sodium oral tablet 10 mg	1	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	3	SPP; PA; QL: Max. 1 auto injector per 28 days; This drug is not available through home delivery; HSA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	SPP; PA; QL: Max. 1 syringe per 28 days; This drug is not available through home delivery; HSA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	SPP; PA; QL: Max. 1 auto injector per 28 days; This drug is not available through home delivery; HSA
OFEV ORAL CAPSULE 100 MG, 150 MG	2	SPP; QL: Max. 2 per day; This drug is not available through home delivery
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	3	PA; HSA
pirfenidone oral capsule 267 mg	3	SPP; QL: 6 per day; This drug is not available through home delivery
pirfenidone oral tablet 267 mg	3	SPP; QL: 6 per day; This drug is not available through home delivery
pirfenidone oral tablet 801 mg	3	SPP; QL: Max. 3 per day; This drug is not available through home delivery
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	2	In accordance with state law under certain benefit plans; copayments or coinsurance for up to a 30-day supply of certain drugs will not exceed a certain dollar amount. Check your benefit documents.; HSA
roflumilast oral tablet 250 mcg, 500 mcg	1	HSA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL: Max. 1 inhaler per 30 day(s); HSA
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	2	QL: Max. 1 inhaler per 30 day(s); HSA
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	QL: Max. 1 inhaler per 30 day(s); HSA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QL: Max. 1 inhaler per 30 day(s); HSA
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	2	QL: Max 2 inhalers per 30 days; HSA
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	HSA
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	3	SPP; PA; QL: 1 pen per 28 days; HSA
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	3	HSA
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	HSA
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	HSA
theophylline oral solution 80 mg/15ml	1	HSA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL: Max. 2 blisters per day. Max. 1 inhaler per 30 day(s); HSA
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL: Max. 1 inhaler per 30 day(s); 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; This drug is not available through home delivery; HSA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	SPP; PA; QL: Maximum of 4 syringes per 28 days; This drug is not available through home delivery; HSA
zafirlukast oral tablet 10 mg, 20 mg	1	HSA
zileuton er oral tablet extended release 12 hour 600 mg	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
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; This drug is not available through home delivery
KALYDECO ORAL PACKET 13.4 MG	4	SPP; PA; QL: 2 per day
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	4	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
KALYDECO ORAL PACKET 5.8 MG	4	SPP; PA; QL: Maximum quantity of 2 per 1 Day(s)
KALYDECO ORAL TABLET 150 MG	4	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML	3	SPP; This drug is not available through home delivery
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	4	SPP; PA; QL: Max. 2 per day.; This drug is not available through home delivery
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, 200-125 MG	4	SPP; PA; QL: Max. 4 per day.; This drug is not available through home delivery
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	3	SPP; This drug is not available through home delivery
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 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; This drug is not available through home delivery
tobramycin inhalation nebulization solution 300 mg/4ml	3	SPP; This drug is not available through home delivery
tobramycin nebulization solution 300 mg/5ml inhalation	3	SPP; This drug is not available through home delivery
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	3	SPP; This drug is not available through home delivery
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	4	SPP; PA; QL: Max. 3 per day; This drug is not available through home delivery
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	4	SPP; PA; QL; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	4	SPP; PA; QL: 60 per 30 days
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
alyq oral tablet 20 mg	1	SPP; PA; This drug is not available through home delivery
ambrisentan oral tablet 10 mg, 5 mg	2	SPP; PA; This drug is not available through home delivery
bosentan oral tablet 125 mg, 62.5 mg	3	SPP; PA; This drug is not available through home delivery
bosentan oral tablet soluble 32 mg	3	SPP; PA; This drug is not available through home delivery
OPSUMIT ORAL TABLET 10 MG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	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, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
sildenafil citrate oral suspension reconstituted 10 mg/ml	2	SPP; PA; This drug is not available through home delivery
sildenafil citrate oral tablet 20 mg	1	SPP; PA; This drug is not available through home delivery
tadalafil (pah) oral tablet 20 mg	1	SPP; PA; This drug is not available through home delivery
TRACLEER ORAL TABLET SOLUBLE 32 MG	3	SPP; PA; This drug is not available through home delivery
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
TYVASO DPI 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; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
TYVASO INHALATION SOLUTION 0.6 MG/ML	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	3	PA; QL: Maximum of 30 days supply per fill; This drug is not available through home delivery
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	3	
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 250 mg, 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	1	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	1	
metaxalone oral tablet 400 mg, 800 mg	1	
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	1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	3	
OZOBAX DS ORAL SOLUTION 10 MG/5ML	3	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet 2 mg, 4 mg	1	
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA; QL: Max. 1 per day
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL: Max. 1 per day; ST
doxepin hcl oral tablet 3 mg, 6 mg	2	ST
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	
flurazepam hcl oral capsule 15 mg, 30 mg	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA; QL: 158 mL per 30 days; This drug is not available through home delivery
modafinil oral tablet 100 mg, 200 mg	1	PA; QL: Max. 1 per day
ramelteon oral tablet 8 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
SUNOSI ORAL TABLET 150 MG, 75 MG	2	PA; QL: Max. 1 per day
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	1	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; QL: Max 2 per day; This drug is not available through home delivery
XYREM ORAL SOLUTION 500 MG/ML	4	PA; QL: Max. 18 ML(s) per day
XYWAV ORAL SOLUTION 500 MG/ML	4	PA; QL: Max. 18 ml per day
zaleplon oral capsule 10 mg, 5 mg	1	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	
zolpidem tartrate oral tablet 10 mg, 5 mg	1	
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	

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.