Effective Jan. 1, 2023

Prescription drug list

Premium 3-Tier

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

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

Visit **optumrx.com/enroll/thppremium3t** to:

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

Optum Rx®

TUFTS Health Plan

a Point32Health company

About Tufts Health Plan's formulary

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

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

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

How do I use my Premium 3-Tier prescription drug list?

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

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

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

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

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 **optumrx.com/enroll/thppremium3t** 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 **optumrx.com/enroll/thppremium3t** 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.
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 Pharmacy and Therapeutics Committee. During the review process, if your physician believes you have a medical need for the New-To-Market drug, your doctor can submit a request for coverage. Drugs approved through the Medical Review Process may be subject to the highest copayment.
PA	**Prior Authorization** – Some medications require Prior Authorization.
QL	**Quantity Limit** – Medications may be limited to a certain quantity.
SPP	**Specialty Pharmacy** – Must use Optum® Specialty. Specialty Pharmacy Medication Program is not required for Rhode Island Plans.
ST	**Step Therapy** – Your plan may require that members first try one drug to treat a condition before we will cover another drug for that condition. This ensures that certain medications are used safely and effectively for members in specified age groups.
WH	**Women's Health** – Certain medications may be covered without cost share under Women's Health Preventive Services Initiative. Generics preferred. Check your benefit documents.

DRUG NAME	TIER	LIMITATIONS / *NOTES
Analgesics - Drugs for Pain and Inflammation		
adult aspirin regimen oral tablet delayed release 81 mg	$0	HSA; ACA
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 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 capsule 25 mg	3	
diclofenac potassium oral tablet 25 mg, 50 mg	1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	
diclofenac sodium external gel 1 %	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	
ec-naproxen oral tablet delayed release 375 mg, 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 200 mg, 400 mg	3	
fenoprofen calcium oral tablet 600 mg	3	
fenortho oral capsule 200 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 ibuprofen childrens oral suspension 100 mg/5ml	1	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
goodsense aspirin low dose oral tablet delayed release 81 mg	$0	HSA; ACA
goodsense ibuprofen childrens oral suspension 100 mg/5ml	1	
ibuprofen childrens oral suspension 100 mg/5ml	1	
ibuprofen infants oral suspension 50 mg/1.25ml	1	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	LCG
INDOCIN ORAL SUSPENSION 25 MG/5ML	3	
INDOCIN RECTAL SUPPOSITORY 50 MG	2	
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	LCG
indomethacin rectal suppository 50 mg	2	
ketoprofen er oral capsule extended release 24 hour 200 mg	1	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	1	
KETOROLAC TROMETHAMINE NASAL SOLUTION 15.75 MG/SPRAY	3	QL: Max. quantity of 5 per fill
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	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral suspension 125 mg/5ml	1	
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	1	
naproxen sodium er oral tablet extended release 24 hour 750 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	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
salsalate oral tablet 500 mg, 750 mg	1	
sm childrens ibuprofen oral suspension 100 mg/5ml	1	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY	3	QL: Max. quantity of 5 per fill
sulindac oral tablet 150 mg, 200 mg	1	
tolmetin sodium oral tablet 600 mg	1	
Analgesics - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
ALLZITAL ORAL TABLET 25-325 MG	3	
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1	
ascomp-codeine oral capsule 50-325-40-30 mg	1	
bac oral tablet 50-325-40 mg	1	
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	3	PA; QL: Max. 2 per day
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 capsule 50-300 mg oral	1	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	3	
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	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	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 citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; QL: Max. 120 per 30 days
FENTANYL CITRATE BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA; QL: Max. 120 per 30 days

DRUG NAME	TIER	LIMITATIONS / *NOTES
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	1	PA; QL: Max. 10 per 30 days
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL: Max. 120 per 30 days
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg	1	PA; QL: Max. 1 per day
hydromorphone hcl er oral tablet extended release 24 hour 32 mg	1	PA; QL: Max. 2 per day
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	
levorphanol tartrate oral tablet 2 mg, 3 mg	3	PA
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	
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 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	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 ORAL TABLET 100 MG, 50 MG, 75 MG	2	
OXAYDO ORAL TABLET 5 MG, 7.5 MG	3	
oxycodone hcl oral capsule 5 mg	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
oxycodone hcl oral solution 5 mg/5ml	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	PA; QL: Max. 2 per day
oxymorphone hcl oral tablet 10 mg, 5 mg	1	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 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
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL: Max. 120 per 30 days
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	1	PA; QL: Max. 1 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	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML	3	
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	
glydo external prefilled syringe 2 %	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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
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 topical pain external patch 4 %	1	
lidocaine-prilocaine external cream 2.5-2.5 %	1	
pain relief maximum strength external patch 4 %	1	
pain relieving lidocaine external patch 4 %	1	
SYNERA EXTERNAL PATCH 70-70 MG	3	
theracare pain relief external patch 4 %	1	
welmate lidocaine pain reliev external patch 4 %	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium oral tablet delayed release 333 mg	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	$0	HSA; ACA
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	
goodsense nicotine mouth/throat lozenge 4 mg	$0	HSA; ACA
habitrol transdermal patch 24 hour 21 mg/24hr	$0	HSA; ACA
KLOXXADO NASAL LIQUID 8 MG/0.1ML	MD	QL: Max. 1 box (2 sprays) in 15 days
LUCEMYRA ORAL TABLET 0.18 MG	3	QL: Max. 14 Days Supply; Max. quantity of 224 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 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 (rx)	MD	QL: Max. 1 box (2 sprays) in 15 days
naltrexone hcl oral tablet 50 mg	1	
NARCAN LIQUID 4 MG/0.1ML NASAL (OTC)	$0	QL: Max. 1 box (2 sprays) in 15 days
NARCAN LIQUID 4 MG/0.1ML NASAL (RX)	MD	QL: Max. 1 box (2 sprays) in 15 days
nicotine mini mouth/throat lozenge 2 mg, 4 mg	$0	HSA; ACA
nicotine polacrilex mini mouth/throat lozenge 2 mg	$0	HSA; ACA
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	HSA; ACA

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0	HSA; ACA
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	$0	HSA; ACA
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	$0	HSA; ACA
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	$0	HSA; ACA
nicotine transdermal kit 21-14-7 mg/24hr	$0	HSA; ACA
nicotine transdermal patch 24 hour 21 mg/24hr	$0	HSA; ACA
NICOTROL INHALATION INHALER 10 MG	$0	HSA; ACA
NICOTROL NS NASAL SOLUTION 10 MG/ML	$0	HSA; ACA
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		
ALTABAX EXTERNAL OINTMENT 1 %	3	
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	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2	
avidoxy oral tablet 100 mg	1	
azithromycin oral packet 1 gm	1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
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 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefadroxil oral tablet 1 gm	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefixime oral capsule 400 mg	1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cephalexin oral capsule 250 mg, 500 mg, 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 100 mg, 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	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
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 150 mg, 75 mg	2	
doxycycline hyclate oral tablet 50 mg	2	QL: Max. 2 per day
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 200 mg, 50 mg	3	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
ERYTHROCIN STEARATE ORAL TABLET 250 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 ethylsuccinate oral tablet 400 mg	1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	2	QL: Max 300 mL per 10 days
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML	3	QL: Maximum quantity of 300 per 10 days
fosfomycin tromethamine oral packet 3 gm	1	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
IODOFLEX EXTERNAL PAD 0.9 %	3	
IODOSORB EXTERNAL GEL 0.9 %	3	
levofloxacin oral solution 25 mg/ml	1	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
linezolid oral suspension reconstituted 100 mg/5ml	1	
linezolid oral tablet 600 mg	1	
mafenide acetate external packet 5 %	1	
methenamine hippurate oral tablet 1 gm	1	
methenamine mandelate oral tablet 0.5 gm, 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, 75 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	
NUVESSA VAGINAL GEL 1.3 %	3	
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
PRIMSOL ORAL SOLUTION 50 MG/5ML	3	
silver nitrate external solution 0.5 %	1	
silver sulfadiazine external cream 1 %	1	
SIVEXTRO ORAL TABLET 200 MG	3	QL: Max Quantity 6 per copay
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	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	1	
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 Quantity 9 per copay
XIFAXAN ORAL TABLET 550 MG	2	PA
Anticoagulants		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	3	HSA
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	2	HSA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	HSA
enoxaparin sodium injection solution 300 mg/3ml	1	This drug is not available through home delivery; HSA
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	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	1	This drug is not available through home delivery; HSA
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	2	HSA
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	2	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	2	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
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	HSA
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	3	HSA

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	
CELONTIN ORAL CAPSULE 300 MG	2	
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet 10 mg, 20 mg	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG	3	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 100 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION 125 MG/5ML	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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
EPIDIOLEX ORAL SOLUTION 100 MG/ML	3	PA; This drug is not available through home delivery
epitol oral tablet 200 mg	1	
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	2	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 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	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
methsuximide oral capsule 300 mg	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	3	PA; QL: Maximum 10 doses per 30 days.
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	3	
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 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	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	3	
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	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA; QL: 10 dose per 30 days
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML	3	PA; QL: 10 dose per 30 days
vigabatrin oral packet 500 mg	2	This drug is not available through home delivery
vigabatrin oral tablet 500 mg	2	This drug is not available through home delivery

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
vigadrone oral packet 500 mg	2	This drug is not available through home delivery
vigadrone oral tablet 500 mg	2	This drug is not available through home delivery
VIMPAT ORAL SOLUTION 10 MG/ML	2	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 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 10 mg/5ml, 2 mg/ml	1	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	
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

DRUG NAME	TIER	LIMITATIONS / *NOTES
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 ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 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
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
duloxetine hcl oral capsule delayed release particles 40 mg	1	HSA
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 5 mg/5ml	1	HSA
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	HSA; LCG
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; HSA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	ST; HSA
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

DRUG NAME	TIER	LIMITATIONS / *NOTES
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	1	HSA
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	HSA
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	ST; 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
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	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	2	ST; HSA
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	1	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

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
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 150 mg, 225 mg, 37.5 mg, 75 mg	1	HSA
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	HSA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; HSA
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	ST; HSA
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	3	ST; HSA
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL CAPSULE 300-0.5 MG	3	PA; QL: Max Quantity 3 per copay
ANZEMET ORAL TABLET 50 MG	3	
aprepitant oral 80 & 125 mg	1	QL: Max Quantity 1 pack per copay
aprepitant oral capsule 125 mg	1	QL: Max Quantity 1 per copay
aprepitant oral capsule 40 mg	1	QL: Max Quantity 4 per copay
aprepitant oral capsule 80 & 125 mg	1	QL: Max Quantity 1 pack per copay
aprepitant oral capsule 80 mg	1	QL: Max Quantity 2 per copay
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG	3	
compro rectal suppository 25 mg	1	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	1	PA
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	3	QL: Max Quantity 1 packet per copay
granisetron hcl oral tablet 1 mg	1	
meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	LCG
metoclopramide hcl oral tablet dispersible 10 mg, 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 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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 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	3	QL: Max Quantity 4 per copay
scopolamine transdermal patch 72 hour 1 mg/3days	1	QL: Max Quantity 4 per copay
SYNDROS ORAL SOLUTION 5 MG/ML	3	
trimethobenzamide hcl oral capsule 300 mg	1	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	3	QL: Max Quantity 2 per copay
ZUPLENZ ORAL FILM 4 MG	3	QL: Max Quantity 18 per copay
Antifungals		
antifungal (clotrimazole) external cream 1 %	1	
antifungal clotrimazole external cream 1 %	1	
antifungal external cream 2 %	1	
athletes foot (clotrimazole) 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	
ciclopirox treatment external kit 8 %	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 external solution 1 %	1	
clotrimazole mouth/throat troche 10 mg	1	
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	3	PA
cvs clotrimazole 3 vaginal cream 2 %	1	
econazole nitrate external cream 1 %	1	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
flucytosine oral capsule 250 mg, 500 mg	1	
ft antifungal external cream 1 %, 2 %	1	
ft athletes foot (clotrimaz) external cream 1 %	1	
fungal nail eraser external solution 1 %	1	
goodsense athletes foot external cream 1 %	1	
griseofulvin microsize oral suspension 125 mg/5ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
itraconazole oral capsule 100 mg	1	
itraconazole oral solution 10 mg/ml	2	
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral tablet 200 mg	1	
ketodan external foam 2 %	1	
KETODAN EXTERNAL KIT 2 %	3	
micaderm external cream 2 %	1	
miconazole 3 vaginal suppository 200 mg	1	
miconazole 7 vaginal cream 2 %	1	
miconazole 7 vaginal suppository 100 mg	1	
miconazole nitrate external cream 2 %	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	2	
naftifine hcl external cream 1 %, 2 %	1	
naftifine hcl external gel 1 %	1	
naftifine hcl external gel 2 %	2	
NAFTIN EXTERNAL GEL 2 %	2	
NOXAFIL ORAL PACKET 300 MG	3	PA
NOXAFIL ORAL SUSPENSION 40 MG/ML	3	PA
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	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
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
posaconazole oral tablet delayed release 100 mg	2	PA
terbinafine hcl oral tablet 250 mg	1	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
ting external aerosol 1 %	1	
ting external cream 1 %	1	
tm-clotrimazole external cream 1 %	1	
tm-tolnaftate external solution 1 %	1	
tm-tolnaftate lr external solution 1 %	1	
tolnaftate antifungal external cream 1 %	1	
tolnaftate external cream 1 %	1	
voriconazole oral suspension reconstituted 40 mg/ml	1	
voriconazole oral tablet 200 mg, 50 mg	1	
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	2	PA; QL: Max. 1 syringe per 30 day(s)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 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	1	QL: Max Quantity 6 per copay
almotriptan malate oral tablet 6.25 mg	1	QL: Max Quantity 12 per copay
dihydroergotamine mesylate injection solution 1 mg/ml	1	
dihydroergotamine mesylate nasal solution 4 mg/ml	1	
eletriptan hydrobromide oral tablet 20 mg	1	QL: Max Quantity 12 per copay
eletriptan hydrobromide oral tablet 40 mg	1	QL: Max Quantity 6 per copay
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA; QL: Max 1 pen per 30 day(s); This drug is not available through home delivery
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL: Max. 3 pens per 30 day(s); This drug is not available through home delivery
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	PA; QL: Max 1 pen per 30 day(s); This drug is not available through home delivery
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	2	
ergotamine-caffeine oral tablet 1-100 mg	1	
frovatriptan succinate oral tablet 2.5 mg	1	QL: Max Quantity 9 per copay; ST
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	3	
naratriptan hcl oral tablet 1 mg	1	QL: Max Quantity 15 per copay
naratriptan hcl oral tablet 2.5 mg	1	QL: Max Quantity 6 per copay
NURTEC ORAL TABLET DISPERSIBLE 75 MG	2	PA; QL: 16 tablets/30 days
rizatriptan benzoate oral tablet 10 mg	1	QL: Max Quantity 9 per copay
rizatriptan benzoate oral tablet 5 mg	1	QL: Max Quantity 18 per copay
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL: Max Quantity 9 per copay
rizatriptan benzoate oral tablet dispersible 5 mg	1	QL: Max Quantity 18 per copay
sumatriptan nasal solution 20 mg/act, 5 mg/act	1	QL: Max Quantity 6 per copay
sumatriptan succinate oral tablet 100 mg	1	QL: Max Quantity 6 per copay
sumatriptan succinate oral tablet 25 mg	1	QL: Max Quantity 24 per copay
sumatriptan succinate oral tablet 50 mg	1	QL: Max Quantity 12 per copay
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	1	QL: Max Quantity 3 per copay
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL: Max Quantity 3 boxes (6 injections) per copay
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL: Max Quantity 3 boxes (6 injections) per copay

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
sumatriptan-naproxen sodium oral tablet 85-500 mg	2	QL: Max Quantity 9 per copay; ST
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: Max Quantity 6 per copay
zolmitriptan nasal solution 5 mg	2	QL: Max Quantity 6 per copay
zolmitriptan oral tablet 2.5 mg	1	QL: Max Quantity 12 per copay
zolmitriptan oral tablet 5 mg	1	QL: Max Quantity 6 per copay
zolmitriptan oral tablet dispersible 2.5 mg	1	QL: Max Quantity 12 per copay
zolmitriptan oral tablet dispersible 5 mg	1	QL: Max Quantity 6 per copay
ZOMIG NASAL SOLUTION 2.5 MG	3	QL: Max Quantity 6 per copay
Antimyasthenic Agents		
pyridostigmine bromide er oral tablet extended release 180 mg	1	
pyridostigmine bromide oral solution 60 mg/5ml	2	
pyridostigmine bromide oral tablet 30 mg, 60 mg	1	
Antimycobacterials		
cycloserine oral capsule 250 mg	1	
dapsone oral tablet 100 mg, 25 mg	1	
ethambutol hcl oral tablet 100 mg, 400 mg	1	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	LCG
PASER ORAL PACKET 4 GM	3	
PRIFTIN ORAL TABLET 150 MG	3	
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	3	PA
TRECATOR ORAL TABLET 250 MG	3	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg, 500 mg	2	SPP; PA; This drug is not available through home delivery; CM
ALECENSA ORAL CAPSULE 150 MG	3	SPP; PA; This drug is not available through home delivery; CM
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	3	PA; This drug is not available through home delivery; CM
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	3	PA; This drug is not available through home delivery; CM
anastrozole oral tablet 1 mg	1	HSA; ACA

DRUG NAME	TIER	LIMITATIONS / *NOTES
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	3	PA; This drug is not available through home delivery; CM
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	3	PA; CM
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	3	PA; This drug is not available through home delivery; CM
bexarotene external gel 1 %	3	SPP; This drug is not available through home delivery; CM
bexarotene oral capsule 75 mg	1	SPP; This drug is not available through home delivery; CM
bicalutamide oral tablet 50 mg	1	This drug is not available through home delivery; CM
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	3	SPP; PA; This drug is not available through home delivery; CM
BRAFTOVI ORAL CAPSULE 75 MG	3	SPP; PA; This drug is not available through home delivery; CM
BRUKINSA ORAL CAPSULE 80 MG	3	PA; This drug is not available through home delivery; CM
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	3	SPP; PA; This drug is not available through home delivery; CM
CALQUENCE ORAL CAPSULE 100 MG	3	PA; This drug is not available through home delivery; CM
CALQUENCE ORAL TABLET 100 MG	3	This drug is not available through home delivery; CM
capecitabine oral tablet 150 mg, 500 mg	1	SPP; This drug is not available through home delivery; CM
CAPRELSA ORAL TABLET 100 MG, 300 MG	3	PA; 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
DAURISMO ORAL TABLET 100 MG, 25 MG	3	SPP; PA; This drug is not available through home delivery; CM
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
EMCYT ORAL CAPSULE 140 MG	2	PA; This drug is not available through home delivery; CM
ERIVEDGE ORAL CAPSULE 150 MG	3	SPP; PA; This drug is not available through home delivery; CM
ERLEADA ORAL TABLET 240 MG	3	SPP; PA; QL: Max: 1 tablet per day

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
ERLEADA ORAL TABLET 60 MG	3	SPP; PA; This drug is not available through home delivery; CM
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	2	SPP; This drug is not available through home delivery; CM
etoposide oral capsule 50 mg	1	SPP; This drug is not available through home delivery; CM
EULEXIN ORAL CAPSULE 125 MG	3	PA; CM
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	SPP; PA; This drug is not available through home delivery; CM
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	2	SPP; PA; This drug is not available through home delivery; CM
exemestane oral tablet 25 mg	1	HSA; ACA
EXKIVITY ORAL CAPSULE 40 MG	3	PA; This drug is not available through home delivery; CM
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	3	SPP; PA; This drug is not available through home delivery; CM
flutamide oral capsule 125 mg	1	PA; CM
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	3	PA; This drug is not available through home delivery; CM
GAVRETO ORAL CAPSULE 100 MG	3	SPP; PA; 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; 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
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	3	SPP; This drug is not available through home delivery; CM
hydroxyurea oral capsule 500 mg	1	CM
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	3	SPP; PA; This drug is not available through home delivery; CM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	3	SPP; PA; This drug is not available through home delivery; CM
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	3	PA; This drug is not available through home delivery; CM
IDHIFA ORAL TABLET 100 MG, 50 MG	2	SPP; PA; This drug is not available through home delivery; CM
imatinib mesylate oral tablet 100 mg, 400 mg	2	SPP; This drug is not available through home delivery; CM

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	3	SPP; PA; This drug is not available through home delivery; CM
IMBRUVICA ORAL SUSPENSION 70 MG/ML	3	SPP; PA; This drug is not available through home delivery; CM
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	3	SPP; PA; This drug is not available through home delivery; CM
INLYTA ORAL TABLET 1 MG, 5 MG	3	SPP; PA; This drug is not available through home delivery; CM
INQOVI ORAL TABLET 35-100 MG	3	SPP; PA; This drug is not available through home delivery; CM
INREBIC ORAL CAPSULE 100 MG	3	SPP; PA; This drug is not available through home delivery; CM
IRESSA ORAL TABLET 250 MG	3	SPP; This drug is not available through home delivery; CM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	3	SPP; PA; This drug is not available through home delivery; CM
JAYPIRCA ORAL TABLET 100 MG, 50 MG	3	SPP; PA; CM
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG	3	SPP; PA; This drug is not available through home delivery; CM
KISQALI ORAL TABLET THERAPY PACK 200 MG	3	SPP; PA; This drug is not available through home delivery; CM
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	3	PA; This drug is not available through home delivery; CM
KRAZATI ORAL TABLET 200 MG	3	PA; CM
lapatinib ditosylate oral tablet 250 mg	2	SPP; This drug is not available through home delivery; CM
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	3	SPP; PA; This drug is not available through home delivery; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	SPP; PA; This drug is not available through home delivery; CM
letrozole oral tablet 2.5 mg	1	HSA; CM
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
LEUKERAN ORAL TABLET 2 MG	2	CM
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	3	SPP; PA; This drug is not available through home delivery; CM
LORBRENA ORAL TABLET 100 MG, 25 MG	3	SPP; PA; This drug is not available through home delivery; CM
LUMAKRAS ORAL TABLET 120 MG	3	SPP; PA; This drug is not available through home delivery; CM
LUMAKRAS ORAL TABLET 320 MG	3	SPP; PA; QL: 3 tablets per day; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	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	This drug is not available through home delivery; CM
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	3	SPP; PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	3	SPP; PA; This drug is not available through home delivery; CM
MEKTOVI ORAL TABLET 15 MG	3	SPP; PA; This drug is not available through home delivery; CM
melphalan oral tablet 2 mg	1	CM
mercaptopurine oral tablet 50 mg	1	CM
MESNEX ORAL TABLET 400 MG	3	
MYLERAN ORAL TABLET 2 MG	2	CM
NERLYNX ORAL TABLET 40 MG	3	SPP; PA; This drug is not available through home delivery; CM
NEXAVAR ORAL TABLET 200 MG	3	SPP; PA; This drug is not available through home delivery; CM
nilutamide oral tablet 150 mg	1	CM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	3	SPP; PA; This drug is not available through home delivery; CM
NUBEQA ORAL TABLET 300 MG	3	SPP; PA; This drug is not available through home delivery; CM
ODOMZO ORAL CAPSULE 200 MG	3	SPP; PA; This drug is not available through home delivery; CM
ONUREG ORAL TABLET 200 MG, 300 MG	3	SPP; PA; This drug is not available through home delivery; CM
ORGOVYX ORAL TABLET 120 MG	3	PA; This drug is not available through home delivery; CM
ORSERDU ORAL TABLET 345 MG, 86 MG	3	PA; CM
PANRETIN EXTERNAL GEL 0.1 %	3	
pazopanib hcl oral tablet 200 mg	3	SPP; This drug is not available through home delivery; CM
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	3	PA; This drug is not available through home delivery; CM

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG	3	SPP; PA; This drug is not available through home delivery; CM
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	3	SPP; PA; This drug is not available through home delivery; CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML	3	CM
QINLOCK ORAL TABLET 50 MG	3	PA; This drug is not available through home delivery; CM
RETEVMO ORAL CAPSULE 40 MG, 80 MG	3	SPP; PA; This drug is not available through home delivery; CM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	3	SPP; PA; This drug is not available through home delivery; CM
REZLIDHIA ORAL CAPSULE 150 MG	3	PA; CM
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	3	SPP; PA; This drug is not available through home delivery; CM
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	SPP; PA; This drug is not available through home delivery; CM
RYDAPT ORAL CAPSULE 25 MG	3	SPP; PA; This drug is not available through home delivery; CM
SCEMBLIX ORAL TABLET 20 MG, 40 MG	3	SPP; PA; This drug is not available through home delivery; CM
SIKLOS ORAL TABLET 100 MG, 1000 MG	3	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	3	HSA; ACA
sorafenib tosylate oral tablet 200 mg	3	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	2	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	2	SPP; This drug is not available through home delivery; CM
TABLOID ORAL TABLET 40 MG	2	SPP; This drug is not available through home delivery; CM
TABRECTA ORAL TABLET 150 MG, 200 MG	3	SPP; PA; This drug is not available through home delivery; CM
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	3	SPP; PA; This drug is not available through home delivery; CM
TAFINLAR ORAL TABLET SOLUBLE 10 MG	3	SPP; PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	3	SPP; PA; This drug is not available through home delivery; CM
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	3	SPP; PA; CM
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	SPP; PA; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
tamoxifen citrate oral tablet 10 mg, 20 mg	1	HSA; ACA
TARGRETIN EXTERNAL GEL 1 %	3	SPP; This drug is not available through home delivery; CM
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	SPP; This drug is not available through home delivery; CM
TAZVERIK ORAL TABLET 200 MG	3	PA; This drug is not available through home delivery; CM
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1	SPP; This drug is not available through home delivery; CM
TEPMETKO ORAL TABLET 225 MG	3	PA; This drug is not available through home delivery; CM
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	SPP; This drug is not available through home delivery; CM
TIBSOVO ORAL TABLET 250 MG	3	PA; This drug is not available through home delivery; CM
toremifene citrate oral tablet 60 mg	2	HSA; CM
tretinoin oral capsule 10 mg	1	SPP; This drug is not available through home delivery; CM
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	3	PA; This drug is not available through home delivery; CM
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	3	PA; This drug is not available through home delivery; CM
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	3	PA; This drug is not available through home delivery; CM
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	3	PA; This drug is not available through home delivery; CM
TUKYSA ORAL TABLET 150 MG, 50 MG	3	PA; This drug is not available through home delivery; CM
TURALIO ORAL CAPSULE 125 MG	3	PA; CM
TURALIO ORAL CAPSULE 200 MG	3	PA; This drug is not available through home delivery; CM
VALCHLOR EXTERNAL GEL 0.016 %	3	SPP; This drug is not available through home delivery
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	3	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	3	SPP; PA; This drug is not available through home delivery; CM
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	3	SPP; PA; This drug is not available through home delivery; CM
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	SPP; PA; This drug is not available through home delivery; CM
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	3	SPP; PA; This drug is not available through home delivery

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	3	PA; This drug is not available through home delivery; CM
VITRAKVI ORAL SOLUTION 20 MG/ML	3	PA; This drug is not available through home delivery; CM
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	3	SPP; PA; This drug is not available through home delivery; CM
VONJO ORAL CAPSULE 100 MG	3	PA; This drug is not available through home delivery; CM
VOTRIENT ORAL TABLET 200 MG	3	SPP; This drug is not available through home delivery; CM
WELIREG ORAL TABLET 40 MG	3	PA; CM
XALKORI ORAL CAPSULE 200 MG, 250 MG	3	SPP; PA; This drug is not available through home delivery; CM
XOSPATA ORAL TABLET 40 MG	3	PA; This drug is not available through home delivery; CM
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA; This drug is not available through home delivery; CM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; This drug is not available through home delivery; CM
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; This drug is not available through home delivery; CM
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA; This drug is not available through home delivery; CM
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	3	PA; This drug is not available through home delivery; CM
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; This drug is not available through home delivery; CM
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	3	PA; This drug is not available through home delivery; CM
XTANDI ORAL CAPSULE 40 MG	2	SPP; PA; This drug is not available through home delivery; CM
XTANDI ORAL TABLET 40 MG, 80 MG	2	SPP; PA; This drug is not available through home delivery; CM
YONSA ORAL TABLET 125 MG	3	SPP; PA; CM
ZEJULA ORAL CAPSULE 100 MG	2	SPP; PA; This drug is not available through home delivery; CM
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	2	SPP; PA; CM
ZELBORAF ORAL TABLET 240 MG	3	SPP; PA; This drug is not available through home delivery; CM
ZOLINZA ORAL CAPSULE 100 MG	3	SPP; This drug is not available through home delivery; CM

DRUG NAME	TIER	LIMITATIONS / *NOTES
ZYDELIG ORAL TABLET 100 MG, 150 MG	3	SPP; PA; This drug is not available through home delivery; CM
ZYKADIA ORAL TABLET 150 MG	3	SPP; PA; This drug is not available through home delivery; CM
Antiparasitics		
albendazole oral tablet 200 mg	1	
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	3	
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	2	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	HSA
COARTEM ORAL TABLET 20-120 MG	3	QL: Max Quantity 24 per copay; HSA
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
IMPAVIDO ORAL CAPSULE 50 MG	3	
ivermectin external lotion 0.5 %	1	
ivermectin oral tablet 3 mg	1	QL: Max. 20 per fill. Max. 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
pyrimethamine oral tablet 25 mg	2	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	3	PA; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML	3	QL: Max. 2800 ML per 28 day(s); This drug is not available through home delivery
entacapone oral tablet 200 mg	1	
INBRIJA INHALATION CAPSULE 42 MG	3	PA; QL: Max. 10 per day
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA; QL: Max. 5 per day
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	3	
pramipexole dihydrochloride 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	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	ST
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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
Antiplatelets		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	HSA
BRILINTA ORAL TABLET 60 MG, 90 MG	2	HSA
CABLIVI INJECTION KIT 11 MG	3	PA; 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
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	
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	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 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	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	2	
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	2	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
NUPLAZID ORAL CAPSULE 34 MG	3	PA; QL: Max. 1 per day; This drug is not available through home delivery
NUPLAZID ORAL TABLET 10 MG	3	PA; QL: Max. 1 per day; This drug is not available through home delivery
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	1	ST
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	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL: Max. 1 per day; ST
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	QL: Max. 1 per day; ST
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	3	QL: Max. 1 per day; ST
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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
adefovir dipivoxil oral tablet 10 mg	1	This drug is not available through home delivery
APTIVUS ORAL CAPSULE 250 MG	3	This drug is not available through home delivery
atazanavir sulfate oral capsule 150 mg	1	This drug is not available through home delivery
atazanavir sulfate oral capsule 200 mg, 300 mg	2	This drug is not available through home delivery
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	This drug is not available through home delivery
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	
CIMDUO ORAL TABLET 300-300 MG	2	
COMPLERA ORAL TABLET 200-25-300 MG	3	This drug is not available through home delivery
darunavir oral tablet 600 mg, 800 mg	2	This drug is not available through home delivery
DELSTRIGO ORAL TABLET 100-300-300 MG	3	
DENAVIR EXTERNAL CREAM 1 %	3	PA; QL: Max. 5 grams per 30 day(s)
DESCOVY ORAL TABLET 120-15 MG	2	PA
DESCOVY ORAL TABLET 200-25 MG	2	PA; If used for PrEP a PA may be submitted to request a $0 cost share.
DOVATO ORAL TABLET 50-300 MG	3	
EDURANT ORAL TABLET 25 MG	3	This drug is not available through home delivery
efavirenz oral capsule 200 mg, 50 mg	1	This drug is not available through home delivery
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	This drug is not available through home delivery; ACA
EMTRIVA ORAL SOLUTION 10 MG/ML	3	This drug is not available through home delivery
entecavir oral tablet 0.5 mg, 1 mg	1	This drug is not available through home delivery

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
EPCLUSA ORAL PACKET 150-37.5 MG	2	SPP; PA; QL: Max 1 tab per day; This drug is not available through home delivery
EPCLUSA ORAL PACKET 200-50 MG	2	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	2	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
EPIVIR HBV ORAL SOLUTION 5 MG/ML	2	This drug is not available through home delivery
etravirine oral tablet 100 mg, 200 mg	2	This drug is not available through home delivery
EVOTAZ ORAL TABLET 300-150 MG	3	This drug is not available through home delivery
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
fosamprenavir calcium oral tablet 700 mg	2	This drug is not available through home delivery
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	2	This drug is not available through home delivery
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	2	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
HARVONI ORAL TABLET 45-200 MG	2	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
HARVONI ORAL TABLET 90-400 MG	2	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
INTELENCE ORAL TABLET 25 MG	3	This drug is not available through home delivery
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	2	SPP; This drug is not available through home delivery
INVIRASE ORAL TABLET 500 MG	2	This drug is not available through home delivery
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL PACKET 100 MG	2	This drug is not available through home delivery
ISENTRESS ORAL TABLET 400 MG	2	This drug is not available through home delivery
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	2	This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
JULUCA ORAL TABLET 50-25 MG	2	
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	2	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
LEXIVA ORAL SUSPENSION 50 MG/ML	2	This drug is not available through home delivery
LIVTENCITY ORAL TABLET 200 MG	3	PA
lopinavir-ritonavir oral solution 400-100 mg/5ml	1	This drug is not available through home delivery
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	2	SPP; PA; QL: Max 5 per day; This drug is not available through home delivery
MAVYRET ORAL TABLET 100-40 MG	2	SPP; PA; QL: Max. 3 per day; This drug is not available through home delivery
nevirapine er oral tablet extended release 24 hour 100 mg, 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	2	
NORVIR ORAL SOLUTION 80 MG/ML	2	This drug is not available through home delivery
ODEFSEY ORAL TABLET 200-25-25 MG	3	
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	1	QL: Max. 10 Days Supply
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	1	QL: Max. 10 Days Supply
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	2	QL: 20 per fill
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	2	QL: 30 per fill

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	SPP; This drug is not available through home delivery
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	2	SPP; This drug is not available through home delivery
penciclovir external cream 1 %	3	PA; QL: Max. 5 grams per 30 day(s)
PIFELTRO ORAL TABLET 100 MG	3	
PREZCOBIX ORAL TABLET 800-150 MG	3	This drug is not available through home delivery
PREZISTA ORAL SUSPENSION 100 MG/ML	2	This drug is not available through home delivery
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	This drug is not available through home delivery
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	3	QL: Max Quantity 20 per copay
REYATAZ ORAL PACKET 50 MG	2	This drug is not available through home delivery
ribavirin inhalation solution reconstituted 6 gm	2	
ribavirin oral capsule 200 mg	1	SPP; This drug is not available through home delivery
ribavirin oral tablet 200 mg	1	SPP; This drug is not available through home delivery
rimantadine hcl oral tablet 100 mg	1	
ritonavir oral tablet 100 mg	1	This drug is not available through home delivery
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	3	PA
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	
SITAVIG BUCCAL TABLET 50 MG	3	QL: Max Quantity 1 per copay
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
SOVALDI ORAL PACKET 150 MG, 200 MG	2	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
SOVALDI ORAL TABLET 200 MG	2	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
SOVALDI ORAL TABLET 400 MG	2	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	This drug is not available through home delivery
STRIBILD ORAL TABLET 150-150-200-300 MG	2	This drug is not available through home delivery
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	
tenofovir disoproxil fumarate oral tablet 300 mg	1	This drug is not available through home delivery
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	3	This drug is not available through home delivery
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	3	This drug is not available through home delivery
TRIUMEQ ORAL TABLET 600-50-300 MG	3	This drug is not available through home delivery
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	3	
TYBOST ORAL TABLET 150 MG	3	This drug is not available through home delivery
valacyclovir hcl oral tablet 1 gm, 500 mg	1	
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	
valganciclovir hcl oral tablet 450 mg	1	
VEMLIDY ORAL TABLET 25 MG	3	
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50	3	SPP; PA; QL: Max. 3 per day; This drug is not available through home delivery
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	This drug is not available through home delivery
VIREAD ORAL POWDER 40 MG/GM	2	This drug is not available through home delivery
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	This drug is not available through home delivery
VOSEVI ORAL TABLET 400-100-100 MG	2	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
ZEPATIER ORAL TABLET 50-100 MG	2	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
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 intensol oral concentrate 1 mg/ml	3	
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	
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	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	1	HSA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	SPP; PA; This drug is not available through home delivery
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	3	SPP; PA; This drug is not available through home delivery
DOPTELET ORAL TABLET 20 MG	3	SPP; PA; This drug is not available through home delivery; HSA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	SPP; PA; This drug is not available through home delivery
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	SPP; PA; This drug is not available through home delivery
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; PA; QL: 0.6 mL/14 days; This drug is not available through home delivery
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	SPP; PA; This drug is not available through home delivery
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	3	SPP; PA; This drug is not available through home delivery
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	3	SPP; This drug is not available through home delivery
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	3	PA

DRUG NAME	TIER	LIMITATIONS / *NOTES
MULPLETA ORAL TABLET 3 MG	3	SPP; PA; This drug is not available through home delivery; HSA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	2	SPP; PA; QL: Max. 1.2 ML(s) per fill; This drug is not available through home delivery
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	2	SPP; PA; QL: Max. 1.2 ML(s) per fill; This drug is not available through home delivery
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	SPP; PA; This drug is not available through home delivery
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	3	SPP; PA; This drug is not available through home delivery
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	SPP; PA; This drug is not available through home delivery
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	3	SPP; PA; This drug is not available through home delivery
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; PA; QL: Max. 1.2 ML(s) per fill; 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	2	SPP; PA; This drug is not available through home delivery
PROMACTA ORAL PACKET 12.5 MG, 25 MG	3	SPP; This drug is not available through home delivery; HSA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	3	SPP; This drug is not available through home delivery; HSA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	3	PA; This drug is not available through home delivery
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	3	PA; This drug is not available through home delivery
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	PA; This drug is not available through home delivery
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	3	PA; This drug is not available through home delivery
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	SPP; PA; This drug is not available through home delivery
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	PA; QL: 2 pens per 30 days; This drug is not available through home delivery
TAVALISSE ORAL TABLET 100 MG, 150 MG	3	SPP; PA
tranexamic acid oral tablet 650 mg	1	QL: Max. 1 per day
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	3	SPP; PA; QL: 2 syringes per 30 days

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; PA; QL: Max. 1 syringe per 14 days; This drug is not available through home delivery
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	2	SPP; PA; This drug is not available through home delivery
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	3	SPP; PA; 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
ALDACTAZIDE ORAL TABLET 50-50 MG	3	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	1	HSA
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	HSA
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	HSA; LCG
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	HSA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	HSA; ACA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	HSA
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
BIDIL ORAL TABLET 20-37.5 MG	2	HSA
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	HSA
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

DRUG NAME	TIER	LIMITATIONS / *NOTES
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	3	SPP; PA; This drug is not available through home delivery
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
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	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
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	HSA
DEMSER ORAL CAPSULE 250 MG	3	HSA
digitek oral tablet 125 mcg, 250 mcg	1	HSA
digox oral tablet 125 mcg, 250 mcg	1	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

DRUG NAME	TIER	LIMITATIONS / *NOTES
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
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	1	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	2	PA; This drug is not available through home delivery; HSA
EDARBI ORAL TABLET 40 MG, 80 MG	3	HSA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	HSA
enalapril maleate oral solution 1 mg/ml	2	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 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 MICRONIZED ORAL CAPSULE 30 MG, 90 MG	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	1	HSA
fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 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	1	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
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
GONITRO SUBLINGUAL PACKET 400 MCG	3	HSA
guanfacine hcl oral tablet 1 mg, 2 mg	1	HSA
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	3	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	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
KATERZIA ORAL SUSPENSION 1 MG/ML	3	HSA
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	HSA
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	HSA
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	HSA; LCG

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	HSA
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	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
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
metyrosine oral capsule 250 mg	2	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
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

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	HSA
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	HSA
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
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	3	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	1	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	1	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	3	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
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	3	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
QBRELIS ORAL SOLUTION 1 MG/ML	3	HSA

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	1	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
RECTIV RECTAL OINTMENT 0.4 %	3	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	PA; QL: Max. 1 system per 30 day(s); HSA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	2	PA; QL: Max. 2 syringes per 28 day(s); HSA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; QL: Max. 2 pens per 28 day(s); HSA
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	HSA; ACA
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	HSA
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	HSA; ACA
simvastatin oral tablet 80 mg	1	HSA
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	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
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	HSA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	HSA
spironolactone-hctz oral tablet 25-25 mg	1	HSA
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	HSA
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	2	HSA
TEKTURNA HCT ORAL TABLET 150-25 MG	2	QL: Max. 1 per day; 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

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	HSA
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
VASCEPA ORAL CAPSULE 0.5 GM	2	HSA
VECAMYL ORAL TABLET 2.5 MG	3	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	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
VYNDAQEL ORAL CAPSULE 20 MG	3	SPP; PA; QL: Max. 4 per day; This drug is not available through home delivery
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.
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, 20 mg, 25 mg, 30 mg, 5 mg	1	PA: Prior Authorization required for members 25 and older; 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; 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	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	3	PA: Prior Authorization required for members 25 and older
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
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, 15 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 solution 5 mg/5ml	1	State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	2	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML	3	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG	3	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	1	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	PA: Prior Authorization required for members 25 and older
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; State/Federal limits on prescription drug dispensing may apply.

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2	PA: Prior Authorization required for members 25 and older; 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
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	PA: Prior Authorization required for members 25 and older
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	PA: Prior Authorization required for members 25 and older
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
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	1	PA: Prior Authorization required for members 25 and older
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	1	PA: Prior Authorization required for members 25 and older
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	1	PA: Prior Authorization required for members 25 and older
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	PA: Prior Authorization required for members 25 and older
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	1	PA: Prior Authorization required for members 25 and older
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	3	PA: Prior Authorization required for members 25 and older
MYDAYIS 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; State/Federal limits on prescription drug dispensing may apply.
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
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG	3	PA: Prior Authorization required for members 25 and older
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	3	PA: Prior Authorization required for members 25 and older

DRUG NAME	TIER	LIMITATIONS / *NOTES
VYVANSE 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; State/Federal limits on prescription drug dispensing may apply.
VYVANSE 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; State/Federal limits on prescription drug dispensing may apply.
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	PA: Prior Authorization required for members 25 and older; State/Federal limits on prescription drug dispensing may apply.
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG	3	SPP; QL: Max. 1 per day; This drug is not available through home delivery
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	2	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	2	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	2	SPP; QL: Max. 4 per day; This drug is not available through home delivery
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	SPP; QL: Max. 1 box per month; This drug is not available through home delivery
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	2	SPP; QL: Max. 1 syringe per day; This drug is not available through home delivery
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	2	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	2	SPP; QL: Max. 1 per day; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
GILENYA ORAL CAPSULE 0.5 MG	3	SPP; QL: Max. 1 per day; This drug is not available through home delivery
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	2	SPP; QL: Max. 1 syringe per day; This drug is not available through home delivery
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	2	SPP; QL: Max. 12 syringes per 28 days; This drug is not available through home delivery
glatopa subcutaneous solution prefilled syringe 20 mg/ml	2	SPP; QL: Max. 1 syringe per day; This drug is not available through home delivery
glatopa subcutaneous solution prefilled syringe 40 mg/ml	2	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	2	SPP; QL: Max. 1 per 28 days; This drug is not available through home delivery
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG	3	SPP; QL: 40 caps per Lifetime; ST; This drug is not available through home delivery
MAYZENT ORAL TABLET 0.25 MG	3	SPP; QL: Max. 4 per day; This drug is not available through home delivery
MAYZENT ORAL TABLET 1 MG, 2 MG	3	SPP; QL: Max. 1 per day; This drug is not available through home delivery
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	SPP; QL: Max. 2 packs per year; This drug is not available through home delivery
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	SPP; QL: Maximum quantity of 14 per 365 Days. Max. 2 packs per year; This drug is not available through home delivery
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	3	SPP; QL: Max. 2 prefilled syringes per 28 days; This drug is not available through home delivery
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	3	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	3	SPP; QL: Max. 2 prefilled syringes per 28 days; This drug is not available through home delivery
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	3	SPP; QL: Max. 2 prefilled syringes per 28 days; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	3	SPP; QL: Max. 2 prefilled syringes per 28 days; This drug is not available through home delivery
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	3	SPP; QL: Max. 12 syringes per 28 days; This drug is not available through home delivery
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	3	SPP; QL: Max. 1 pack per 365 days; This drug is not available through home delivery
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	3	SPP; QL: Max. 12 syringes per 28 days; This drug is not available through home delivery
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	3	SPP; QL: Max. 1 pack per 365 days; This drug is not available through home delivery
teriflunomide oral tablet 14 mg, 7 mg	3	SPP; QL: Max. 1 per day; This drug is not available through home delivery
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	2	SPP; QL: Max. 4 per day; This drug is not available through home delivery
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	3	SPP; PA; QL: Max. 2 packs per 365 days; This drug is not available through home delivery
ZEPOSIA ORAL CAPSULE 0.92 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	3	SPP; PA; QL: Max. 1 kit per 365 days; This drug is not available through home delivery
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	3	SPP; PA; QL: Maximum quantity of 28 per 365 days. Max. 1 kit per 365 days
Central Nervous System Agents - Miscellaneous		
ADDYI ORAL TABLET 100 MG	3	PA; QL: Max. 1 per day
AUSTEDO ORAL TABLET 12 MG, 9 MG	2	SPP; PA; QL: Max. 4 per day; This drug is not available through home delivery
AUSTEDO ORAL TABLET 6 MG	2	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	2	SPP; PA; QL: 60 tablets/30 days
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	SPP; PA; QL: Maximum quantity of 1 per Lifetime
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	HSA

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG	3	PA
DAYBUE ORAL SOLUTION 200 MG/ML	3	PA
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	3	PA; QL: Max. 3 mg (0.3 ml) per day; This drug is not available through home delivery
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	3	PA; QL: Max. 1 per day; This drug is not available through home delivery
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	3	PA; QL: Max. 1 per day. Max. 1 pack per 365 days
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	1	
phendimetrazine tartrate oral tablet 35 mg	1	
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	1	
phentermine hcl oral tablet 37.5 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	3	SPP; PA; QL: Max. 5mL per day; This drug is not available through home delivery
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	3	SPP; PA; QL: Max. 5mL per day; This drug is not available through home delivery
RELYVRIO ORAL PACKET 3-1 GM	3	PA; QL: 2 packets per day
riluzole oral tablet 50 mg	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	2	ST
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	3	PA; QL: Max. 4 syringes per 28 day(s)
tetrabenazine oral tablet 12.5 mg, 25 mg	1	SPP; QL: Max. 3 per day; This drug is not available through home delivery
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML	3	PA
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML	2	PA; QL: Max. 4 syringes per 28 days

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
Central Nervous System Agents		
SKYCLARYS ORAL CAPSULE 50 MG	3	PA
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
CLINPRO 5000 DENTAL PASTE 1.1 %	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	3	
DENTAGEL DENTAL GEL 1.1 %	3	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	3	
FLUORIDEX DENTAL PASTE 1.1 %	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 %	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	3	
kourzeq mouth/throat paste 0.1 %	1	
lidocaine hcl mouth/throat solution 4 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	
NEUTRASAL MOUTH/THROAT PACKET	3	
oralone mouth/throat paste 0.1 %	1	
periogard mouth/throat solution 0.12 %	1	LCG
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 %	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 %	1	
SALIVAMAX MOUTH/THROAT PACKET	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 enamel dental gel 1.1-5 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental gel 1.1 %	1	
sodium fluoride 5000 ppm dental paste 1.1 %	1	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	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	1	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
ACZONE EXTERNAL GEL 7.5 %	3	
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 PREFILLED SYRINGE 150 MG/ML	2	SPP; PA; QL: Max 4 per 28 days; This drug is not available through home delivery
ALA SCALP EXTERNAL LOTION 2 %	3	
ala-cort external cream 1 %	1	
alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
amcinonide external cream 0.1 %	1	PA
amcinonide external lotion 0.1 %	1	PA
amcinonide external ointment 0.1 %	1	PA
ammonium lactate external cream 12 %	1	
ammonium lactate external lotion 12 %	1	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
APEXICON E EXTERNAL CREAM 0.05 %	3	
azelaic acid external gel 15 %	1	
AZELEX EXTERNAL CREAM 20 %	3	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
beser external lotion 0.05 %	1	PA
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	1	
betamethasone dipropionate aug external ointment 0.05 %	1	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	1	PA
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external foam 0.12 %	1	PA
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
BIONECT EXTERNAL CREAM 0.2 %	3	
brimonidine tartrate external gel 0.33 %	3	
calcipotriene external cream 0.005 %	1	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	2	
calcitriol external ointment 3 mcg/gm	1	
CAPEX EXTERNAL SHAMPOO 0.01 %	2	
cerovel external lotion 40 %	1	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	2	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	1	
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	1	
clindacin-p external swab 1 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1	
clindamycin phosphate external foam 1 %	1	
clindamycin phosphate external gel 1 %	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
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 prop emollient base external cream 0.05 %	1	PA
clobetasol propionate e external cream 0.05 %	1	PA
clobetasol propionate emulsion external foam 0.05 %	1	PA
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 %	1	PA
clobetasol propionate external lotion 0.05 %	1	PA
clobetasol propionate external ointment 0.05 %	1	
clobetasol propionate external shampoo 0.05 %	1	PA
clobetasol propionate external solution 0.05 %	1	
clocortolone pivalate external cream 0.1 %	1	PA
clodan external shampoo 0.05 %	1	PA
CONDYLOX EXTERNAL GEL 0.5 %	3	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	3	PA
dapsone external gel 5 %	1	
dapsone external gel 7.5 %	2	
desonide external cream 0.05 %	1	PA
desonide external gel 0.05 %	2	
desonide external lotion 0.05 %	1	PA
desonide external ointment 0.05 %	1	
desoximetasone external cream 0.05 %	1	PA
desoximetasone external cream 0.25 %	1	
desoximetasone external gel 0.05 %	1	PA
desoximetasone external liquid 0.25 %	1	
desoximetasone external ointment 0.05 %	1	PA
desoximetasone external ointment 0.25 %	1	
desrx external gel 0.05 %	2	
diclofenac sodium external gel 3 %	1	
DIFFERIN EXTERNAL LOTION 0.1 %	3	PA: Prior Authorization required for members 26 years of age and older
diflorasone diacetate external cream 0.05 %	2	PA
diflorasone diacetate external ointment 0.05 %	2	PA

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
doxepin hcl external cream 5 %	3	
doxycycline oral capsule delayed release 40 mg	1	ST
DRYSOL EXTERNAL SOLUTION 20 %	2	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	2	SPP; PA; QL: Max. 2 syringes per 28 day(s); This drug is not available through home delivery
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	2	SPP; PA; QL: Max. 2 pens per 28 day(s); This drug is not available through home delivery
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	SPP; PA; QL: Max. 2 syringes per 28 days; This drug is not available through home delivery; HSA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	SPP; PA; QL: Max. 2 syringes per 28 day(s); This drug is not available through home delivery; HSA
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	3	QL: Max. 60 grams per 28 day(s)
EPIFOAM EXTERNAL FOAM 1-1 %	3	
ery external pad 2 %	1	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
EUCRISA EXTERNAL OINTMENT 2 %	2	ST
FABIOR EXTERNAL FOAM 0.1 %	3	PA
FINACEA EXTERNAL FOAM 15 %	2	
fluocinolone acetonide body external oil 0.01 %	1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	
fluocinolone acetonide external ointment 0.025 %	1	
fluocinolone acetonide external solution 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	
fluocinonide emulsified base external cream 0.05 %	1	
fluocinonide external cream 0.05 %, 0.1 %	1	
fluocinonide external gel 0.05 %	1	
fluocinonide external ointment 0.05 %	1	
fluocinonide external solution 0.05 %	1	
FLUOROPLEX EXTERNAL CREAM 1 %	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	1	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
flurandrenolide external cream 0.05 %	1	PA
flurandrenolide external lotion 0.05 %	1	PA

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
flurandrenolide external ointment 0.05 %	1	PA
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	PA
fluticasone propionate external ointment 0.005 %	1	
goodsense anti-itch max str external cream 1 %	1	
goodsense anti-itch maximum st external ointment 1 %	1	
halcinonide external cream 0.1 %	2	PA
halobetasol propionate external cream 0.05 %	1	
halobetasol propionate external ointment 0.05 %	1	
hydrocortisone butyr lipo base external cream 0.1 %	1	PA
hydrocortisone butyrate external cream 0.1 %	1	PA
hydrocortisone butyrate external lotion 0.1 %	2	PA
hydrocortisone butyrate external ointment 0.1 %	1	PA
hydrocortisone butyrate external solution 0.1 %	1	PA
hydrocortisone external cream 0.5 %, 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 ultra-moisture external cream 1 %	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	PA
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	1	
ivermectin external cream 1 %	2	
lactic acid e external cream 10-3500 %-unt/30gm	1	
lactic acid external lotion 10 %	1	
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	
MIRVASO EXTERNAL GEL 0.33 %	3	
mometasone furoate external cream 0.1 %	1	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
mometasone furoate external ointment 0.1 %	1	LCG
mometasone furoate external solution 0.1 %	1	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	3	PA
NEO-SYNALAR EXTERNAL KIT 0.5-0.025 %	3	
neuac external gel 1.2-5 %	1	
nolix external cream 0.05 %	1	PA
nolix external lotion 0.05 %	1	PA
OPZELURA EXTERNAL CREAM 1.5 %	3	PA; QL: Max 8.6gm per day
PANDEL EXTERNAL CREAM 0.1 %	3	PA
pimecrolimus external cream 1 %	2	ST
podofilox external solution 0.5 %	1	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 %	2	
prednicarbate external ointment 0.1 %	1	
QBREXZA EXTERNAL PAD 2.4 %	3	PA; QL: Max. 1 per day
REGENECARE EXTERNAL GEL 2 %	3	
REGRANEX EXTERNAL GEL 0.01 %	3	QL: Limit fills to 3 in 365 days; HSA
rosadan external cream 0.75 %	1	
salicylic acid wart remover external liquid 27.5 %	1	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	2	
selenium sulfide external lotion 2.5 %	1	
selenium sulfide external shampoo 2.25 %	1	
sulfacetamide sodium (acne) external lotion 10 %	1	
tacrolimus external ointment 0.03 %, 0.1 %	1	ST
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
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	3	PA
TEXACORT EXTERNAL SOLUTION 2.5 %	3	PA
TOLAK EXTERNAL CREAM 4 %	2	
tovet external foam 0.05 %	1	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	1	PA: Prior Authorization required for members 26 years of age and older
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	1	PA: Prior Authorization required for members 26 years of age and older
tretinoin microsphere external gel 0.04 %, 0.1 %	1	PA: Prior Authorization required for members 26 years of age and older

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
tretinoin microsphere pump external gel 0.04 %, 0.1 %	1	PA: Prior Authorization required for members 26 years of age and older
triamcinolone acetonide external aerosol solution 0.147 mg/gm	1	PA
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 %, 0.05 %, 0.1 %, 0.5 %	1	
triamcinolone in absorbase external ointment 0.05 %	1	
triderm external cream 0.1 %, 0.5 %	1	LCG
tritocin external ointment 0.05 %	1	
ULTRAVATE EXTERNAL LOTION 0.05 %	3	
urea external cream 39 %	1	
urea external lotion 40 %	1	
uredeb external cream 39 %	1	
VTAMA EXTERNAL CREAM 1 %	3	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ZORYVE EXTERNAL CREAM 0.3 %	3	PA
Diabetes - Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	HSA; DIAB
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	QL: Max Daily Dose 0.122 mL; ST; HSA; DIAB
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	2	QL: Max Daily Dose 0.08 mL; ST; HSA; DIAB
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	QL: Max Daily Dose 0.04 mL; ST; HSA; DIAB
CYCLOSET ORAL TABLET 0.8 MG	3	HSA; DIAB
FARXIGA ORAL TABLET 10 MG, 5 MG	2	HSA; DIAB
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	HSA; DIAB; LCG
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	HSA; DIAB
glipizide oral tablet 10 mg, 5 mg	1	HSA; DIAB; LCG
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	HSA; DIAB
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	HSA; DIAB
glyburide micronized oral tablet 1.5 mg	1	HSA; DIAB
glyburide micronized oral tablet 3 mg, 6 mg	1	HSA; DIAB; LCG
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	HSA; DIAB; LCG

DRUG NAME	TIER	LIMITATIONS / *NOTES
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	HSA; DIAB
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	HSA; DIAB
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	2	HSA; DIAB
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	2	HSA; DIAB
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	HSA; DIAB
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	HSA; DIAB
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	2	HSA; DIAB
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	2	HSA; DIAB
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	2	PA; HSA; DIAB
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	1	PA; HSA; DIAB
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	1	PA; Generic Fortamet; HSA; DIAB
metformin hcl er oral tablet extended release 24 hour 500 mg	1	HSA; DIAB
metformin hcl er oral tablet extended release 24 hour 750 mg	1	Generic Glucophage XR; HSA; DIAB
metformin hcl oral solution 500 mg/5ml	1	HSA; DIAB
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	Generic Glucophage; HSA; DIAB; LCG
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	HSA; DIAB
MOUNJARO SUBCUTANEOUS SOLUTION PEN-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	QL: 4 pens (2 mL) per 28 days; ST; HSA; DIAB
nateglinide oral tablet 120 mg, 60 mg	1	HSA; DIAB
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	2	QL: Max. 2 pens per 28 day(s); ST; HSA; DIAB
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 8 MG/3ML	2	QL: 1 pen (3 mL) per 28 days; ST; HSA; DIAB
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	HSA; DIAB
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	HSA; DIAB
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	HSA; DIAB
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	HSA; DIAB
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	QL; ST; HSA; DIAB

DRUG NAME	TIER	LIMITATIONS / *NOTES
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	PA; HSA; DIAB
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	2	HSA; DIAB
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	2	HSA; DIAB
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	2	HSA; DIAB
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	2	HSA; DIAB
TRADJENTA ORAL TABLET 5 MG	2	HSA; DIAB
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; DIAB
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	2	QL: Max. 4 pens per 28 day(s); ST; HSA; DIAB
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	2	QL: Max Daily Dose 0.3 mL; ST; HSA; DIAB
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; DIAB
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	PA; HSA; DIAB
Diabetes - Glucose Monitoring		
CARESENS LANCETS 30G	2	HSA; DIAB
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; DIAB
CHEMSTRIP MICRAL IN VITRO STRIP	3	
CHEMSTRIP UGK IN VITRO STRIP	2	HSA; DIAB
CLEVER CHOICE COMFORT EZ	2	HSA; DIAB
CVS KETONE CARE IN VITRO STRIP	2	HSA; DIAB
FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP	3	HSA; DIAB
FREESTYLE FREEDOM LITE KIT W/DEVICE	MD	QL: Age 18 and over: 1/365 days Age 0-17 years: 2/365 days; HSA; DIAB

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
FREESTYLE INSULINX TEST IN VITRO STRIP	2	QL: Max. 204 per 30 days; HSA; DIAB
FREESTYLE LIBRE 14 DAY READER DEVICE	3	PA; QL: Max. 1 in 365 days; HSA; DIAB
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; QL: Max. 2 in 30 days; HSA; DIAB
FREESTYLE LIBRE 2 READER DEVICE	3	PA; QL: Max. 1 in 365 days; HSA; DIAB
FREESTYLE LIBRE 2 SENSOR	3	PA; QL: Max. 2 in 30 days; HSA; DIAB
FREESTYLE LIBRE 3 SENSOR	3	PA; QL: Max. 2 in 30 days; HSA; DIAB
FREESTYLE LITE TEST IN VITRO STRIP	2	QL: Max. 204 per 30 days; HSA; DIAB
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	2	QL: Max. 204 per 30 days; HSA; DIAB
FREESTYLE TEST IN VITRO STRIP	2	QL: Max. 204 per 30 days; HSA; DIAB
KETO-DIASTIX IN VITRO STRIP	2	HSA; DIAB
KETONE TEST IN VITRO STRIP	2	HSA; DIAB
KETOSTIX IN VITRO STRIP	2	HSA; DIAB
LANCETS	2	HSA; DIAB
ONETOUCH DELICA LANCETS 30G	2	HSA; DIAB
ONETOUCH DELICA LANCETS 33G	2	HSA; DIAB
ONETOUCH FINEPOINT LANCETS	2	HSA; DIAB
ONETOUCH ULTRA 2 KIT W/DEVICE	MD	QL: Age 18 and over: 1/365 days Age 0-17 years: 2/365 days; HSA; DIAB
ONETOUCH ULTRA STRIP IN VITRO	2	QL: Max. 204 per 30 days; HSA; DIAB
ONETOUCH ULTRA STRIP IN VITRO	2	QL: Maximum quantity of 204 per 30 Day(s); HSA; DIAB
ONETOUCH ULTRASOFT LANCETS	2	HSA; DIAB
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	MD	QL: Age 18 and older 1 per 365 days; Age 17 and younger 2 per 365 days; HSA; DIAB
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	MD	QL: Age 18 and over: 1/365 days Age 0-17 years: 2/365 days; HSA; DIAB
ONETOUCH VERIO KIT W/DEVICE	MD	QL: Age 18 and over: 1/365 days Age 0-17 years: 2/365 days; HSA; DIAB
ONETOUCH VERIO REFLECT KIT W/DEVICE	MD	QL: Age 18 and older 1 per 365 days; Age 17 and younger 2 per 365 days; HSA; DIAB
ONETOUCH VERIO STRIP IN VITRO	2	QL: Max. 204 per 30 days; HSA; DIAB
ONETOUCH VERIO STRIP IN VITRO	2	QL: Maximum quantity of 204 per 30 Day(s); HSA; DIAB
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	2	QL: Max. 204 per 30 days; HSA; DIAB

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
VERIFINE SAFE LANCET MINI 21G	2	HSA; DIAB
VERIFINE SAFE LANCET MINI 23G	2	HSA; DIAB
VERIFINE SAFE LANCET MINI 28G	2	HSA; DIAB
VERIFINE SAFE LANCET MINI 30G	2	HSA; DIAB
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	2	HSA; DIAB
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	2	HSA; DIAB
diazoxide oral suspension 50 mg/ml	2	HSA; DIAB
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	2	HSA; DIAB
glucagon emergency kit 1 mg injection	2	HSA; DIAB
GLUCAGON EMERGENCY KIT 1 MG INJECTION	2	HSA; DIAB
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	HSA; DIAB
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	HSA; DIAB
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	HSA; DIAB
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	HSA; DIAB
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	3	HSA; DIAB
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; DIAB
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 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, 31G X 6MM 0.5 ML	2	HSA; DIAB
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; DIAB
HUMALOG INJECTION SOLUTION 100 UNIT/ML	2	HSA; DIAB
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	HSA; DIAB
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	2	HSA; DIAB

DRUG NAME	TIER	LIMITATIONS / *NOTES
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	2	HSA; DIAB
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	2	HSA; DIAB
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	2	HSA; DIAB
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	HSA; DIAB
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	HSA; DIAB
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	2	HSA; DIAB
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	2	HSA; DIAB
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	2	HSA; DIAB
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	HSA; DIAB
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	2	HSA; DIAB
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	HSA; DIAB
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML	2	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, 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; DIAB
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	HSA; DIAB
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	HSA; DIAB

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	HSA; DIAB
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML	2	HSA; DIAB
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	2	HSA; DIAB
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	2	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; DIAB
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	HSA; DIAB
Electrolytes / Minerals / Metals / Vitamins		
carglumic acid oral tablet soluble 200 mg	2	SPP; This drug is not available through home delivery
CHEMET ORAL CAPSULE 100 MG	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
cytra k crystals oral packet 3300-1002 mg	1	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	3	This drug is not available through home delivery
deferasirox oral packet 180 mg, 360 mg, 90 mg	3	This drug is not available through home delivery
deferasirox oral tablet 180 mg, 360 mg, 90 mg	2	This drug is not available through home delivery
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	2	This drug is not available through home delivery
deferiprone oral tablet 1000 mg	3	This drug is not available through home delivery
deferiprone oral tablet 500 mg	2	This drug is not available through home delivery
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	1	
ELITE-OB ORAL TABLET 50-1.25 MG	3	HSA
ENBRACE HR ORAL CAPSULE	3	HSA
ergocalciferol oral capsule 1.25 mg (50000 ut)	1	LCG
FERRIPROX ORAL SOLUTION 100 MG/ML	3	This drug is not available through home delivery
FERRIPROX ORAL TABLET 1000 MG	3	This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	3	This drug is not available through home delivery
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml	$0	ACA
fluoritab oral solution 0.275 (0.125 f) mg/drop	$0	ACA
folic acid oral tablet 1 mg	1	ACA; LCG
GALZIN ORAL CAPSULE 25 MG, 50 MG	3	
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	
klor-con/ef oral tablet effervescent 25 meq	1	
k-prime oral tablet effervescent 25 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	
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	$0	ACA
nafrinse oral tablet chewable 2.2 (1 f) mg	$0	ACA
NEONATAL COMPLETE ORAL TABLET 29-1 MG	1	HSA
NESTABS ONE ORAL CAPSULE 38-1-225 MG	1	HSA
NESTABS ORAL TABLET 32-1 MG	3	HSA
phytonadione oral tablet 5 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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	1	HSA
prenatal oral tablet 27-1 mg	1	HSA
prenatal plus iron oral tablet 29-1 mg	1	HSA
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	HSA
prenatal vitamin plus low iron oral tablet 27-1 mg	1	HSA
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	3	HSA
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	3	HSA
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG	3	HSA
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	3	HSA
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	3	HSA
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG	3	HSA
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG	3	HSA
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG	3	HSA
preplus oral tablet 27-1 mg	1	HSA
PRETAB ORAL TABLET 29-1 MG	1	HSA
PRIMACARE ORAL CAPSULE 30-1-470 MG	3	HSA
RELNATE DHA ORAL CAPSULE 28-1-200 MG	1	HSA
SELECT-OB ORAL TABLET CHEWABLE 29-1 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 oral suspension 15 gm/60ml	1	
tolvaptan oral tablet 15 mg	3	SPP; This drug is not available through home delivery
tolvaptan oral tablet 30 mg	2	SPP; This drug is not available through home delivery
trientine hcl oral capsule 250 mg, 500 mg	2	PA
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	HSA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	This drug is not available through home delivery
VINATE CARE ORAL TABLET CHEWABLE 40-1 MG	1	HSA
VINATE ONE ORAL TABLET 60-1 MG	3	HSA
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG	1	HSA

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
VITAFOL-OB+DHA ORAL 65-1 & 250 MG	1	HSA
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	LCG
vp-pnv-dha oral capsule 28-1-215.8 mg	1	HSA
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	HSA
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	1	HSA
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	HSA
WESNATE DHA ORAL CAPSULE 28-1-200 MG	1	HSA
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	HSA
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
acid reducer maximum strength oral tablet 20 mg	1	
acid reducer oral tablet 10 mg	1	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG	3	
cimetidine hcl oral solution 300 mg/5ml, 400 mg/6.67ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
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 tablet delayed release 20 mg	1	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE DELAYED RELEASE 49.3 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	
lansoprazole oral capsule delayed release 15 mg, 30 mg	1	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	2	PA
misoprostol oral tablet 100 mcg, 200 mcg	1	This drug may be covered at $0 for certain indications
mm acid-pep maximum strength oral tablet 20 mg	1	
mm famotidine oral tablet 20 mg	1	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG	1	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	2	
nizatidine oral capsule 150 mg, 300 mg	1	
nizatidine oral solution 15 mg/ml	1	
omeprazole oral capsule delayed release 10 mg, 20 mg	1	LCG
omeprazole oral capsule delayed release 40 mg	1	
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML	3	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	1	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	3	PA
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 CAPSULE SPRINKLE 10 MG	2	
rabeprazole sodium oral tablet delayed release 20 mg	1	
sucralfate oral suspension 1 gm/10ml	2	
sucralfate oral tablet 1 gm	1	
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	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	3	
bisacodyl ec oral tablet delayed release 5 mg	1	
bisacodyl oral tablet delayed release 5 mg	1	
bisacodyl rectal suppository 10 mg	1	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	3	
CHENODAL ORAL TABLET 250 MG	3	This drug is not available through home delivery
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
citroma oral solution 1.745 gm/30ml	1	
clearlax oral powder 17 gm/scoop	1	

DRUG NAME	TIER	LIMITATIONS / *NOTES
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML	2	
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 28.3 %	1	
ft clearlax oral powder 17 gm/scoop	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 laxatives oral tablet 8.6 mg	1	
GATTEX SUBCUTANEOUS KIT 5 MG	3	PA; This drug is not available through home delivery
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	
gentlelax oral powder 17 gm/scoop	1	
geri-kot oral tablet 8.6 mg	1	
GLYCATE ORAL TABLET 1.5 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	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	1	
gnp senna lax oral tablet 8.6 mg	1	
goodsense senna laxative oral tablet 8.6 mg	1	
KRISTALOSE ORAL PACKET 10 GM, 20 GM	3	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	
loperamide hcl oral capsule 2 mg	1	
lubiprostone oral capsule 24 mcg, 8 mcg	2	
magnesium citrate oral solution 1.745 gm/30ml	1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	1	
mm clearlax oral powder 17 gm/scoop	1	
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
natural fiber laxative oral powder 28.3 %	1	
natural senna laxative oral tablet 8.6 mg	1	
OMECLAMOX-PAK ORAL 500-500-20 MG	3	
opium oral tincture 10 mg/ml (1%)	1	
OSMOPREP ORAL TABLET 1.102-0.398 GM	3	
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	
PYLERA ORAL CAPSULE 140-125-125 MG	3	
qc magnesium citrate oral solution 1.745 gm/30ml	1	
reguloid oral powder 28.3 %, 43 %, 51.7 %	1	
RELISTOR ORAL TABLET 150 MG	3	PA; QL: Max. 3 per day
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	2	
senna oral tablet 8.6 mg	1	
senna-lax oral tablet 8.6 mg	1	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	2	SPP; PA; This drug is not available through home delivery
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	3	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
TRULANCE ORAL TABLET 3 MG	2	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	3	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	3	PA
VOWST ORAL CAPSULE	3	PA
wal-mucil oral powder 43 %, 51.7 %	1	
XERMELO ORAL TABLET 250 MG	3	PA; QL: Max. 3 per day; This drug is not available through home delivery
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	3	SPP; PA; This drug is not available through home delivery
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
betaine oral powder	3	This drug is not available through home delivery
CERDELGA ORAL CAPSULE 84 MG	2	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	3	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	This drug is not available through home delivery
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	3	PA; QL: Max. 5 mg per day; This drug is not available through home delivery
GALAFOLD ORAL CAPSULE 123 MG	3	PA; This drug is not available through home delivery
miglustat oral capsule 100 mg	2	SPP; This drug is not available through home delivery
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	3	This drug is not available through home delivery
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	3	PA; This drug is not available through home delivery
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA; This drug is not available through home delivery
OCALIVA ORAL TABLET 10 MG, 5 MG	3	PA; QL: Max. 1 per day; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
ORFADIN ORAL CAPSULE 20 MG	3	PA; This drug is not available through home delivery
ORFADIN ORAL SUSPENSION 4 MG/ML	3	PA; This drug is not available through home delivery
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	3	PA; 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
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	3	This drug is not available through home delivery
RAVICTI ORAL LIQUID 1.1 GM/ML	3	PA; This drug is not available through home delivery
sapropterin dihydrochloride oral packet 100 mg, 500 mg	2	SPP; This drug is not available through home delivery
sapropterin dihydrochloride oral tablet 100 mg	2	SPP; This drug is not available through home delivery
sodium phenylbutyrate oral powder 3 gm/tsp	1	This drug is not available through home delivery
sodium phenylbutyrate oral tablet 500 mg	1	This drug is not available through home delivery
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	3	QL: Max. 24 vials per 28 days; This drug is not available through home delivery
SUCRAID ORAL SOLUTION 8500 UNIT/ML	3	This drug is not available through home delivery
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	3	ST
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	3	PA; This drug is not available through home delivery
XURIDEN ORAL PACKET 2 GM	3	
yargesa oral capsule 100 mg	2	SPP; 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	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	2	
FILSPARI ORAL TABLET 200 MG, 400 MG	3	PA; QL: 1 unit per day
flavoxate hcl oral tablet 100 mg	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	3	
GELNIQUE TRANSDERMAL GEL 10 %	3	ST
INTRAROSA VAGINAL INSERT 6.5 MG	3	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	2	
LITHOSTAT ORAL TABLET 250 MG	3	
MUSE URETHRAL PELLET 1000 MCG, 250 MCG, 500 MCG	2	QL: Max. 6 supp per 30 day(s)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	2	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	
oxybutynin chloride oral solution 5 mg/5ml	1	
oxybutynin chloride oral tablet 5 mg	1	
penicillamine oral tablet 250 mg	2	PA
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PHOSLYRA ORAL SOLUTION 667 MG/5ML	2	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	2	
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	2	
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	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	3	QL: Max 4 per 30 days
tadalafil oral tablet 10 mg, 20 mg	1	QL: Max 4 per 30 days
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL: Prior Authorization required for Quantity exceeding 4 per 30 days
tiopronin oral tablet 100 mg	2	PA; 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	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	2	
trospium chloride er oral capsule extended release 24 hour 60 mg	1	
trospium chloride oral tablet 20 mg	1	
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	2	QL: Max 4 per 30 days
vardenafil hcl oral tablet dispersible 10 mg	2	QL: Max 4 per 30 days
VELPHORO ORAL TABLET CHEWABLE 500 MG	3	PA
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	
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	
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

DRUG NAME	TIER	LIMITATIONS / *NOTES
dexamethasone sod phosphate pf injection solution 10 mg/ml	MD	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	MD	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	MD	
dexamethasone sodium phosphate solution 10 mg/ml injection	MD	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	MD	
dexamethasone sodium phosphate solution 4 mg/ml injection	MD	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	3	PA; QL: Max. 1 ML(s) per day; This drug is not available through home delivery
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	3	PA; QL: Max. 1 per day; This drug is not available through home delivery
fludrocortisone acetate oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
MEDROL ORAL TABLET 2 MG	3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablet therapy pack 4 mg	1	
MILLIPRED ORAL TABLET 5 MG	3	
prednisolone oral solution 15 mg/5ml	1	
prednisolone oral tablet 5 mg	3	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) 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	2	
Hormonal Agents - Men's Health		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	3	PA
danazol oral capsule 100 mg, 200 mg, 50 mg	1	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	3	PA
METHITEST ORAL TABLET 10 MG	3	PA
methyltestosterone oral capsule 10 mg	1	PA
oxandrolone oral tablet 10 mg, 2.5 mg	1	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	
testosterone enanthate intramuscular solution 200 mg/ml	1	
testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	2	
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	1	
testosterone transdermal solution 30 mg/act	2	
Hormonal Agents - Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	2	SPP; PA; This drug is not available through home delivery
cabergoline oral tablet 0.5 mg	1	
cetrorelix acetate subcutaneous kit 0.25 mg	2	SPP; PA; This drug is not available through home delivery; FM
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	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	
CORTROPHIN INJECTION GEL 80 UNIT/ML	2	SPP; PA; This drug is not available through home delivery
desmopressin ace spray refrig nasal solution 0.01 %	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	2	This drug is not available through home delivery
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate spray nasal solution 0.01 %	1	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	3	SPP; PA; This drug is not available through home delivery
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	3	SPP; This drug is not available through home delivery; CM
fyremadel subcutaneous solution prefilled syringe 250 mcg/0.5ml	2	SPP; PA; This drug is not available through home delivery; FM
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	2	SPP; PA; This drug is not available through home delivery; FM
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT	2	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 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML	2	SPP; PA; This drug is not available through home delivery; FM
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	2	SPP; PA; This drug is not available through home delivery; FM
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	2	SPP; PA; This drug is not available through home delivery
ISTURISA ORAL TABLET 1 MG	3	PA; QL: Max. 60 per day; This drug is not available through home delivery
ISTURISA ORAL TABLET 10 MG	3	PA; QL: Max. 6 per day; This drug is not available through home delivery
ISTURISA ORAL TABLET 5 MG	3	PA; QL: Max. 12 per day; This drug is not available through home delivery
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	3	CM
leuprolide acetate injection kit 1 mg/0.2ml	1	SPP; This drug is not available through home delivery; FM
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	3	SPP; This drug is not available through home delivery
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	3	SPP; This drug is not available through home delivery; CM
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	3	SPP; This drug is not available through home delivery
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	3	SPP; This drug is not available through home delivery; CM
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG	3	SPP; This drug is not available through home delivery; CM
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG	3	SPP; This drug is not available through home delivery; CM
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	3	SPP; This drug is not available through home delivery
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	3	SPP; This drug is not available through home delivery
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	3	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	3	SPP; PA; This drug is not available through home delivery; FM
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	3	PA; QL: Max. 4 per day; This drug is not available through home delivery
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT	2	SPP; PA; This drug is not available through home delivery; FM
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml, 500 mcg/ml	3	SPP; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	3	SPP; This drug is not available through home delivery
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	2	SPP; PA; This drug is not available through home delivery
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	2	SPP; PA; This drug is not available through home delivery
ORILISSA ORAL TABLET 150 MG, 200 MG	3	PA
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML	2	SPP; PA; This drug is not available through home delivery; FM
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	2	SPP; PA; This drug is not available through home delivery; FM
RECORLEV ORAL TABLET 150 MG	3	PA; QL: Max. 8 per day; This drug is not available through home delivery
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	3	QL: Max. 2 ampules per day; This drug is not available through home delivery
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SPP; This drug is not available through home delivery
STIMATE NASAL SOLUTION 1.5 MG/ML	2	This drug is not available through home delivery
SYNAREL NASAL SOLUTION 2 MG/ML	2	PA; This drug is not available through home delivery; FM
Hormonal Agents - Prostaglandins		
KORLYM ORAL TABLET 300 MG	3	PA; QL: Max. 4 per day; This drug is not available through home delivery; HSA; DIAB
mifepristone oral tablet 200 mg	$0	
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		
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, 0.05 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
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
amethia oral tablet 0.15-0.03 &0.01 mg	$0	WH
amethyst oral tablet 90-20 mcg	$0	WH
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
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
aubra 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
aviane oral tablet 0.1-20 mg-mcg	$0	WH
ayuna oral tablet 0.15-30 mg-mcg	$0	WH
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	$0	WH
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21)	$0	WH
balziva oral tablet 0.4-35 mg-mcg	$0	WH
BIJUVA ORAL CAPSULE 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
caziant oral tablet 0.1/0.125/0.15 -0.025 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
chateal oral tablet 0.15-30 mg-mcg	$0	WH
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	2	
CRINONE VAGINAL GEL 4 %, 8 %	2	This drug is not available through home delivery; FM
cryselle-28 oral tablet 0.3-30 mg-mcg	$0	WH

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
curae oral tablet 1.5 mg	$0	WH
cyclafem 1/35 oral tablet 1-35 mg-mcg	$0	WH
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	WH
cyred eq oral tablet 0.15-30 mg-mcg	$0	WH
cyred oral tablet 0.15-30 mg-mcg	$0	WH
dasetta 1/35 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), 0.15-30 mg-mcg	$0	WH
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	2	
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	1	
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	3	HSA
econtra ez oral tablet 1.5 mg	$0	WH
econtra one-step oral tablet 1.5 mg	$0	WH
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	3	
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
emoquette oral tablet 0.15-30 mg-mcg	$0	WH
ENDOMETRIN VAGINAL INSERT 100 MG	3	This drug is not available through home delivery; FM
enilloring vaginal ring 0.12-0.015 mg/24hr	$0	WH
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	$0	WH
enskyce oral tablet 0.15-30 mg-mcg	$0	WH
errin oral tablet 0.35 mg	$0	WH

DRUG NAME	TIER	LIMITATIONS / *NOTES
estarylla oral tablet 0.25-35 mg-mcg	$0	WH
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	LCG
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm	2	
estradiol transdermal gel 1.25 mg/1.25gm	1	
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 0.1 mg/gm	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 2 MG, 7.5 MCG/24HR	2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	3	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0	WH
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	$0	WH
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	3	
falmina oral tablet 0.1-20 mg-mcg	$0	WH
fayosim oral tablet 42-21-21-7 days	$0	WH
femynor oral tablet 0.25-35 mg-mcg	$0	WH
finzala oral tablet chewable 1-20 mg-mcg(24)	$0	WH
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG	3	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
gemmily oral capsule 1-20 mg-mcg(24)	$0	WH
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
hailey 24 fe oral tablet 1-20 mg-mcg(24)	$0	WH
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
hailey fe 1/20 oral tablet 1-20 mg-mcg	$0	WH
haloette vaginal ring 0.12-0.015 mg/24hr	$0	WH
heather oral tablet 0.35 mg	$0	WH
her style oral tablet 1.5 mg	$0	WH

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
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
kelnor 1/50 oral tablet 1-50 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
larissia oral tablet 0.1-20 mg-mcg	$0	WH
layolis fe oral tablet chewable 0.8-25 mg-mcg	$0	WH
leena oral tablet 0.5/1/0.5-35 mg-mcg	$0	WH
lessina oral tablet 0.1-20 mg-mcg	$0	WH
levonest oral tablet 50-30/75-40/ 125-30 mcg	$0	WH
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	$0	WH

DRUG NAME	TIER	LIMITATIONS / *NOTES
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
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	$0	WH
lillow oral tablet 0.15-30 mg-mcg	$0	WH
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	$0	WH
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	$0	WH
loryna oral tablet 3-0.02 mg	$0	WH
low-ogestrel oral tablet 0.3-30 mg-mcg	$0	WH
lo-zumandimine oral tablet 3-0.02 mg	$0	WH
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
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	3	HSA
merzee oral capsule 1-20 mg-mcg(24)	$0	WH
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	$0	WH
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
microgestin 1/20 oral tablet 1-20 mg-mcg	$0	WH

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
microgestin 24 fe oral tablet 1-20 mg-mcg	$0	WH
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	$0	WH
microgestin fe 1/20 oral tablet 1-20 mg-mcg	$0	WH
mili oral tablet 0.25-35 mg-mcg	$0	WH
mimvey oral tablet 1-0.5 mg	1	
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
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	$0	WH
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	WH
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	$0	WH
norethindrone acetate oral tablet 5 mg	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	WH
norethindrone oral tablet 0.35 mg	$0	WH
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	$0	WH
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	$0	WH
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	$0	WH
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	$0	WH
norlyda oral tablet 0.35 mg	$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

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
nylia 1/35 oral tablet 1-35 mg-mcg	$0	WH
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	WH
nymyo oral tablet 0.25-35 mg-mcg	$0	WH
ocella oral tablet 3-0.03 mg	$0	WH
opcicon one-step oral tablet 1.5 mg	$0	WH
option 2 oral tablet 1.5 mg	$0	WH
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	3	PA
orsythia oral tablet 0.1-20 mg-mcg	$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
pirmella 1/35 oral tablet 1-35 mg-mcg	$0	WH
pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	WH
portia-28 oral tablet 0.15-30 mg-mcg	$0	WH
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	3	
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
previfem oral tablet 0.25-35 mg-mcg	$0	WH
progesterone intramuscular oil 50 mg/ml	1	This drug is not available through home delivery; FM
progesterone oral capsule 100 mg, 200 mg	1	
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
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

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	$0	WH
tarina fe 1/20 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 femynor oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	WH
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	WH
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	$0	WH
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	WH
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	$0	WH
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	$0	WH
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	$0	WH
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	$0	WH
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	WH
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	$0	WH
tri-previfem 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
trivora (28) oral tablet 50-30/75-40/ 125-30 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
tulana oral tablet 0.35 mg	$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
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
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
zarah oral tablet 3-0.03 mg	$0	WH

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
zovia 1/35 (28) oral tablet 1-35 mg-mcg	$0	WH
zovia 1/35e (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	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML	3	
euthyrox 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
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	LCG
LEVOTHYROXINE SODIUM ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	LCG
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	LCG
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	2	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	2	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	LCG

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	3	SPP; PA; QL: Max. 4 pens per 28 days; This drug is not available through home delivery
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	3	SPP; PA; QL: Max. 4 syringes per 28 day(s); This drug is not available through home delivery
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	3	SPP; PA; This drug is not available through home delivery
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	3	PA; This drug is not available through home delivery
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	3	This drug is not available through home delivery
AZASAN ORAL TABLET 100 MG, 75 MG	3	
azathioprine oral tablet 100 mg, 75 mg	2	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	3	SPP; PA; QL: Max. 4 auto injector per 28 day(s); This drug is not available through home delivery
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	3	SPP; PA; QL: Max. 4 auto injector per 28 day(s); This drug is not available through home delivery
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	2	SPP; PA; QL: Max. 1 kit per 365 days; This drug is not available through home delivery
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML	2	SPP; PA; QL: Max. 1 in 28 days; This drug is not available through home delivery
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	SPP; PA; QL: Max. 2 syringes per 28 days; This drug is not available through home delivery
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	SPP; PA; QL: Max. 2 syringes per 28 days; This drug is not available through home delivery
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	SPP; PA; QL: Max. 1 syringe per 28 days; This drug is not available through home delivery
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	SPP; PA; QL: Max. 2 syringes per 28 days; This drug is not available through home delivery
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	SPP; PA; QL: Max. 2 syringes per 28 days; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	3	SPP; PA; QL: Max 1 pen per 28 days
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, 25 mg	1	This drug is not available through home delivery
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	2	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	2	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	2	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	2	SPP; PA; QL: Max. 4 syringes per 28 day(s); This drug is not available through home delivery
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	2	SPP; PA; QL: Max. 8 pens per 28 day(s); This drug is not available through home delivery
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	2	SPP; PA; QL: Max. 4 pens per 28 day(s); This drug is not available through home delivery
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	SPP; PA; QL: Max. 1 per 28 days; This drug is not available through home delivery
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	3	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
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	3	SPP; PA; QL: Max. 40 vials per 28 days; This drug is not available through home delivery
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	3	SPP; PA; QL: Max. 27 vials per 28 days; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	2	SPP; PA; QL: Max. 1 kit per 365 day(s); This drug is not available through home delivery
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	2	SPP; PA; QL: Max. 2 pens per 28 day(s); This drug is not available through home delivery
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	2	SPP; PA; QL: Max. 1 kit per 365 day(s); This drug is not available through home delivery
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	2	SPP; PA; QL: Max. 1 kit per 365 day(s); This drug is not available through home delivery
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	SPP; PA; QL; This drug is not available through home delivery
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	2	SPP; PA; QL: Max. 1 kit per 365 day(s); This drug is not available through home delivery
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	2	SPP; PA; QL: Max. 2 pens per 28 day(s); This drug is not available through home delivery
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML	MD	
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	2	SPP; PA; QL: Max. 2 syringes per fill
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	MD	
JOENJA ORAL TABLET 70 MG	3	PA
KEDRAB INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	MD	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	3	SPP; PA; QL: Max. 2 pens or syringes per 28 days; This drug is not available through home delivery
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	3	SPP; PA; QL: Max. 2 pens or syringes per 28 days; This drug is not available through home delivery
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	3	PA; QL: Max. 28 syringe per 28 day(s)
leflunomide oral tablet 10 mg, 20 mg	1	
LUPKYNIS ORAL CAPSULE 7.9 MG	3	PA; QL: Max. 6 per day
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	MD	This drug is not available through home delivery
methotrexate sodium injection solution 1000 mg/40ml, 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

DRUG NAME	TIER	LIMITATIONS / *NOTES
methotrexate sodium oral tablet 2.5 mg	1	
mycophenolate mofetil oral capsule 250 mg	1	This drug is not available through home delivery
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	This drug is not available through home delivery
mycophenolate mofetil oral tablet 500 mg	1	This drug is not available through home delivery
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	1	This drug is not available through home delivery
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	3	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	3	SPP; PA; QL: Max. 4 auto injector per 28 day(s); This drug is not available through home delivery
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	3	SPP; PA; QL: Max. 4 syringes per 28 day(s); This drug is not available through home delivery
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	3	PA; QL: Max. 1 per day; This drug is not available through home delivery
OTEZLA ORAL TABLET 30 MG	2	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	SPP; PA; QL: Limit fills to 1 in 365 days; Max. 2 per day; This drug is not available through home delivery
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	2	This drug is not available through home delivery
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; This drug is not available through home delivery
RIDAURA ORAL CAPSULE 3 MG	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	2	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
sajazir subcutaneous solution prefilled syringe 30 mg/3ml	2	PA; QL: Max. 2 syringes per fill
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	3	SPP; PA; QL: Max. 2 syringes per 28 days; This drug is not available through home delivery
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	2	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	2	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 (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	2	SPP; PA; QL: Max. 2 prefilled syringes (or 1 carton) per 84 days; This drug is not available through home delivery
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	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	2	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	2	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	2	SPP; PA; QL: Max. 1 prefilled syringes per 84 days; This drug is not available through home delivery
SOTYKTU ORAL TABLET 6 MG	3	SPP; PA; QL: 1 tablet per day; This drug is not available through home delivery
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2	SPP; PA; QL: Max. 1 syringe per 84 days; This drug is not available through home delivery
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	2	SPP; PA; QL: Max. 1 syringe per 84 days; This drug is not available through home delivery
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	2	SPP; PA; QL: Max. 1 syringe per 84 day(s); This drug is not available through home delivery
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	3	SPP; PA; QL: MAX 2 vials (4mL) per 28 days.; This drug is not available through home delivery
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	SPP; PA; QL: 2 syringes per 28 days; This drug is not available through home delivery
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	SPP; PA; QL: Max. 2 pre-filled syringes (4mL) per 28 days; This drug is not available through home delivery
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	3	SPP; PA; QL: Max. 1 auto injector per 28 day(s); This drug is not available through home delivery
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	3	SPP; PA; QL: Max. 1 syringe per 28 day(s); This drug is not available through home delivery
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	2	SPP; PA; QL: Max. 1 syringe or injector per 56 days; This drug is not available through home delivery
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	SPP; PA; QL: Max. 1 syringe or injector per 56 days; This drug is not available through home delivery
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	
XATMEP ORAL SOLUTION 2.5 MG/ML	3	
XELJANZ ORAL SOLUTION 1 MG/ML	2	SPP; PA; QL: Max. 10 ml per day; This drug is not available through home delivery
XELJANZ ORAL TABLET 10 MG, 5 MG	2	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	2	SPP; PA; QL: Max. 1 per day; This drug is not available through home delivery
Inflammatory Bowel Disease Agents		
balsalazide disodium oral capsule 750 mg	1	
budesonide er oral tablet extended release 24 hour 9 mg	2	
budesonide oral capsule delayed release particles 3 mg	1	
budesonide rectal foam 2 mg	3	
CORTIFOAM EXTERNAL FOAM 10 %	3	
DIPENTUM ORAL CAPSULE 250 MG	3	
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal enema 100 mg/60ml	1	

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, 500 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
UCERIS RECTAL FOAM 2 MG/ACT	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution 70 mg/75ml	1	QL: Max. 300 ML per 28 day(s); HSA
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	HSA
BINOSTO ORAL TABLET EFFERVESCENT 70 MG	3	QL: Max. 4 eff tabs per 28 day(s); HSA
calcitonin (salmon) nasal solution 200 unit/act	1	HSA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	2	PA; QL: Max. 1 pen per 28 day(s); This drug is not available through home delivery; HSA
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	3	QL: Max. 4 tabs per 28 day(s); 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 (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	2	PA; QL: Max. 1 pen per 28 day(s); This drug is not available through home delivery; HSA
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	2	PA; QL: Max. 1 pen per 28 day(s); This drug is not available through home delivery; HSA

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	2	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	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	3	QL: Max. 2 cartridges per 28 day(s); This drug is not available through home delivery; HSA
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	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
AEROCHAMBER W/FLOWSIGNAL	MD	HSA
AEROGEAR ACTION ASTHMA KIT KIT	MD	HSA
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	HSA; DIAB
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	2	HSA; DIAB
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; DIAB
AUM PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	HSA; DIAB
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	2	HSA; DIAB
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	2	HSA; DIAB
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM	2	HSA; DIAB
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2"	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
BD ECLIPSE NEEDLE 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	3	
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	2	HSA; DIAB
BREATHE COMFORT CHAMBER/ADULT DEVICE	MD	HSA
BREATHE COMFORT CHAMBER/CHILD DEVICE	MD	HSA
BREATHE EASE LARGE DEVICE	MD	HSA
BREATHE EASE MEDIUM DEVICE	MD	HSA
BREATHE EASE PEAK FLOW METER DEVICE	MD	HSA
BREATHE EASE SMALL DEVICE	MD	HSA
BREATHERITE VALVED MDI CHAMBER DEVICE	MD	HSA
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	3	PA; QL: Max 4 per day; This drug is not available through home delivery
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG	3	PA; QL: Max 1 per day; This drug is not available through home delivery
BYLVAY ORAL CAPSULE 1200 MCG	3	PA; QL: Max 2 per day; This drug is not available through home delivery
BYLVAY ORAL CAPSULE 400 MCG	3	PA; QL: Max 6 per day; 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; DIAB
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; DIAB

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
DUREX EXTRA SENSITIVE THIN DEVICE	$0	QL: Max 144 per 365 days; WH
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	
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; DIAB
ENDARI ORAL PACKET 5 GM	3	PA
EPISIL MOUTH/THROAT LIQUID	2	
ergoloid mesylates oral tablet 1 mg	1	
FC2 FEMALE CONDOM	$0	QL: Max 144 per 365 days; WH
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	$0	WH
FIRDAPSE ORAL TABLET 10 MG	3	PA
FLEXICHAMBER ADULT MASK/SMALL	MD	HSA
FLEXICHAMBER CHILD MASK/LARGE	MD	HSA
FLEXICHAMBER CHILD MASK/SMALL	MD	HSA
FLEXICHAMBER DEVICE	MD	HSA
GELCLAIR MOUTH/THROAT GEL	2	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	3	
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	HSA; DIAB
INSPIREASE RESERVOIR BAGS	MD	HSA
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 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; DIAB
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL: Max. 1 per day
K-Y ME & YOU EXTRA LUBRICATED DEVICE	$0	QL: Max 144 per 365 days; WH
K-Y ME & YOU INTENSE DEVICE	$0	QL: Max 144 per 365 days; WH
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA; QL: Max 3 ml per day; This drug is not available through home delivery
methergine oral tablet 0.2 mg	3	
methylergonovine maleate oral tablet 0.2 mg	1	
METOPIRONE ORAL CAPSULE 250 MG	3	
MICROCHAMBER DEVICE	MD	HSA
MINI WRIGHT PEAK FLOW METER DEVICE	MD	HSA

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	3	
NORM-JECT LUER SLIP SYRINGE 1 ML	3	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	HSA; DIAB
NOVOFINE PEN NEEDLE 32G X 6 MM	2	HSA; DIAB
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	2	HSA; DIAB
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	HSA; DIAB
OMNIPOD 5 G6 INTRO (GEN 5) KIT	3	PA; QL: Max. 1 in 365 days; HSA; DIAB
OMNIPOD 5 G6 POD (GEN 5)	3	PA; QL: Max. 10 pods per 28 days; HSA; DIAB
OMNIPOD DASH INTRO (GEN 4) KIT	2	QL: Max. 1 per day; HSA; DIAB
OMNIPOD DASH PODS (GEN 4)	2	QL: Max. 10 pods per 28 days; HSA; DIAB
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
ORAFATE MOUTH/THROAT PASTE 10 %	3	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	3	This drug is not available through home delivery
OXBRYTA ORAL TABLET 300 MG	3	PA; QL: 150 units per 30 days
OXBRYTA ORAL TABLET 500 MG	3	PA; QL: Max. 3 per day; This drug is not available through home delivery
OXBRYTA ORAL TABLET SOLUBLE 300 MG	3	PA; QL: Max. 5 per day
PANDA MASK LARGE	MD	HSA
PANDA MASK MEDIUM	MD	HSA
PANDA MASK SMALL	MD	HSA
PARI VORTEX ADULT MASK	MD	HSA
PEAK A-I-R FLOW METER DEVICE	MD	HSA
PEDIATRIC PANDA MASK	MD	HSA
PHEXXI VAGINAL GEL 1.8-1-0.4 %	$0	WH
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM	2	HSA; DIAB
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	2	HSA; DIAB
POCKET SPACER DEVICE	MD	HSA
PREMIUM CONDOMS LUBRICATED	$0	QL: Max 144 per 365 days; WH
PRO COMFORT SPACER ADULT	MD	HSA
PRO COMFORT SPACER CHILD	MD	HSA

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
PRO COMFORT SPACER INFANT DEVICE	MD	HSA
PROCARE SPACER/ADULT MASK DEVICE	MD	HSA
PROCARE SPACER/CHILD MASK DEVICE	MD	HSA
PROTHELIAL MOUTH/THROAT PASTE 10 %	3	
PURE COMFORT FLOW METER ADULT DEVICE	MD	HSA
PURE COMFORT FLOW METER CHILD DEVICE	MD	HSA
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	HSA; DIAB
PURE COMFORT SPACER CHAMBER DEVICE	MD	HSA
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	3	
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; DIAB
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	HSA; DIAB
SECURESAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 22G X 1" , 25G X 1-1/2"	3	
STRIVE DUAL ZONE PEAK FLOW MTR DEVICE	MD	HSA
SYRINGE LUER SLIP 1 ML	3	
TAVNEOS ORAL CAPSULE 10 MG	3	PA; QL: Max 6 per day
TODAY SPONGE VAGINAL 1000 MG	$0	WH
TRUZONE PEAK FLOW METER DEVICE	MD	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; DIAB
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	HSA; DIAB
V-GO 20 KIT 20 UNIT/24HR	2	QL: Max. 1 per day; HSA; DIAB
V-GO 30 KIT 30 UNIT/24HR	2	QL: Max. 1 per day; HSA; DIAB
V-GO 40 KIT 40 UNIT/24HR	2	QL: Max. 1 per day; HSA; DIAB
VISTOGARD ORAL PACKET 10 GM	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	MD	HSA
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

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	This drug is not available through home delivery
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	3	PA; QL: Max. 4 per day; This drug is not available through home delivery
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	3	
ALOCRIL OPHTHALMIC SOLUTION 2 %	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	3	
ALREX OPHTHALMIC SUSPENSION 0.2 %	3	
AZASITE OPHTHALMIC SOLUTION 1 %	3	
azelastine hcl ophthalmic solution 0.05 %	1	
bacitracin ophthalmic ointment 500 unit/gm	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	3	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	1	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	2	
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	
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 %	2	

DRUG NAME	TIER	LIMITATIONS / *NOTES
FML OPHTHALMIC OINTMENT 0.1 %	2	
gatifloxacin ophthalmic solution 0.5 %	1	
gentak ophthalmic ointment 0.3 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC SUSPENSION 1 %	3	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
ketotifen fumarate ophthalmic solution 0.025 %, 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 %	2	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 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 0.1 %, 0.2 %	1	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	2	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	3	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	3	
tobramycin ophthalmic solution 0.3 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBREX OPHTHALMIC OINTMENT 0.3 %	2	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
trifluridine ophthalmic solution 1 %	1	
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
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl ophthalmic solution 0.5 %	1	
betaxolol hcl ophthalmic solution 0.5 %	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 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	
dorzolamide hcl-timolol mal pf 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 %	2	
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 %	3	
timolol maleate (once-daily) ophthalmic solution 0.5 %	3	
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

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	3	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
altafrin ophthalmic solution 10 %, 2.5 %	1	
artificial tears ophthalmic solution , 0.5-0.6 %, 1.4 %, 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	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	2	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	2	
carboxymethylcellulose sodium ophthalmic solution 0.5 %	1	
cvs lubricant eye drops ophthalmic solution 0.4-0.3 %	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %	3	
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %	1	
cyclosporine ophthalmic emulsion 0.05 %	2	QL
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	3	This drug is not available through home delivery
dry eye relief drops ophthalmic solution 0.2-0.2-1 %	1	
dry eye relief ophthalmic gel 1 %	1	
LACRISERT OPHTHALMIC INSERT 5 MG	2	
lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.5 %, 0.6 %	1	
lubricating eye drops ophthalmic solution 0.4-0.3 %	1	
lubricating tears eye drops ophthalmic solution 0.1-0.3 %	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neo-polycin hc ophthalmic ointment 1 %	1	
neo-polycin ophthalmic ointment 3.5-400-10000	1	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	3	PA; QL: Max. of 8 kits (56 vials) per affected eye per lifetime; This drug is not available through home delivery
PAREMYD OPHTHALMIC SOLUTION 1-0.25 %	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
polycin ophthalmic ointment 500-10000 unit/gm	1	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	3	
proparacaine hcl ophthalmic solution 0.5 %	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 %	2	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic solution 2 %	1	
CIPRO HC OTIC SUSPENSION 0.2-1 %	3	
ciprofloxacin hcl otic solution 0.2 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CIPROFLOXACIN-FLUOCINOLONE PF SOLUTION 0.3-0.025 % OTIC	2	
CIPROFLOXACIN-FLUOCINOLONE PF SOLUTION 0.3-0.025 % OTIC	3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	3	
flac otic oil 0.01 %	1	
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	
OTOVEL OTIC SOLUTION 0.3-0.025 %	3	
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	

DRUG NAME	TIER	LIMITATIONS / *NOTES
allergy rel child (loratadine) oral solution 5 mg/5ml	1	
allergy relief (cetirizine) oral capsule 10 mg	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 solution 1 mg/ml, 5 mg/5ml	1	
allergy relief oral capsule 25 mg	1	
allergy relief oral liquid 25 mg/10ml	1	
allergy relief oral tablet 10 mg, 25 mg	1	
allergy relief/indoor/outdoor oral tablet 10 mg	1	
aurodryl allergy childrens oral liquid 12.5 mg/5ml	1	
azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray	1	
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
banophen oral capsule 25 mg	1	
banophen oral tablet 25 mg	1	
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	1	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg, 6 mg	1	
cetirizine hcl childrens alrgy oral solution 1 mg/ml	1	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	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	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	3	
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	1	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML	3	
DICOPANOL RAPIDPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML	3	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
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 oral tablet 10 mg	1	
ft all day allergy relief oral tablet 10 mg	1	
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg	1	
ft nasal decongestant max str oral tablet 30 mg	1	
ft nasal decongestant pe oral tablet 10 mg	1	
ft tussin adult oral liquid 200 mg/10ml	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
giltuss honey dm childrens oral liquid 15 mg/5ml	1	
giltuss honey dm oral liquid 30 mg/10ml	1	
goodsense allergy relief child oral solution 5 mg/5ml	1	
goodsense allergy relief oral capsule 25 mg	1	
guaiatussin ac oral syrup 100-10 mg/5ml	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine oral solution 100-10 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	
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	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
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	
potassium iodide oral solution 1 gm/ml	2	
promethazine vc oral syrup 6.25-5 mg/5ml	1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	1	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	
promethazine-codeine oral syrup 6.25-10 mg/5ml	1	
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
pseudoephedrine hcl oral tablet 60 mg	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
pulmosal inhalation nebulization solution 7 %	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	3	
robafen mucus/chest congestion oral liquid 200 mg/10ml	1	
saline nasal spray nasal solution 0.65 %	1	
sm all day allergy childrens oral solution 1 mg/ml	1	
sm allergy relief childrens oral liquid 12.5 mg/5ml	1	
sm loratadine oral tablet 10 mg	1	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
SSKI ORAL SOLUTION 1 GM/ML	2	
sudogest maximum strength oral tablet 30 mg	1	
sudogest oral tablet 30 mg, 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	
virtussin ac w/alc oral liquid 100-10 mg/5ml	1	

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
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 DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL: Max. 1 inhaler per 30 day(s); HSA
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	HSA
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	2	HSA
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 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	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	1	HSA
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	1	QL: Max Quantity 2 per copay; This drug is not available through home delivery; HSA
epinephrine injection solution auto-injector 0.15 mg/0.3ml	1	QL: Max Quantity 2 per copay; HSA
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	3	QL: Max Quantity 2 per copay; This drug is not available through home delivery; HSA
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	3	QL: Max Quantity 2 per copay; HSA
ESBRIET ORAL CAPSULE 267 MG	2	SPP; QL: Max. 9 per day; This drug is not available through home delivery
ESBRIET ORAL TABLET 267 MG	2	SPP; QL: Max. 9 per day; This drug is not available through home delivery
ESBRIET ORAL TABLET 801 MG	2	SPP; QL: Max. 3 per day; This drug is not available through home delivery
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	2	SPP; PA; QL: Max. 1 pen per 56 days; This drug is not available through home delivery; HSA
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	2	HSA
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	2	HSA
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
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	1	HSA
montelukast sodium oral packet 4 mg	1	HSA
montelukast sodium oral tablet 10 mg	1	HSA
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	HSA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	SPP; PA; QL: Max. 1 auto injector per 28 days; This drug is not available through home delivery; HSA

DRUG NAME	TIER	LIMITATIONS / *NOTES
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	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	2	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
pirfenidone oral capsule 267 mg	2	SPP; QL: Max. 9 per day; This drug is not available through home delivery
pirfenidone oral tablet 267 mg	2	SPP; QL: Max. 9 per day; This drug is not available through home delivery
pirfenidone oral tablet 801 mg	2	SPP; QL: Max. 3 per day; This drug is not available through home delivery
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	2	HSA
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	2	HSA
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	2	HSA
roflumilast oral tablet 250 mcg, 500 mcg	3	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
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	3	QL: Max. quantity of 2 per copay; 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	2	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

Last Update: 12/15/23
Next Update: 1/15/24

DRUG NAME	TIER	LIMITATIONS / *NOTES
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
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	2	HSA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	2	SPP; PA; QL: Max. 8 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
ZYFLO ORAL TABLET 600 MG	3	HSA
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE 40 MG	3	PA; QL: Max. 20 per day; This drug is not available through home delivery
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	3	PA; QL: Max. 20 per day; This drug is not available through home delivery
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	3	This drug is not available through home delivery
KALYDECO ORAL PACKET 13.4 MG	2	SPP; PA; QL: 2 per day
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	2	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
KALYDECO ORAL PACKET 5.8 MG	2	SPP; PA; QL: Maximum quantity of 2 per 1 Day(s)
KALYDECO ORAL TABLET 150 MG	2	SPP; PA; QL: Max. 2 per day; This drug is not available through home delivery
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML	2	SPP; This drug is not available through home delivery
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	3	SPP; PA; QL: Max. 2 per day.; This drug is not available through home delivery
ORKAMBI ORAL PACKET 75-94 MG	3	PA; QL: Max. 2 per day; This drug is not available through home delivery
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	3	SPP; PA; QL: Max. 4 per day.; This drug is not available through home delivery
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	2	SPP; This drug is not available through home delivery

DRUG NAME	TIER	LIMITATIONS / *NOTES
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	3	SPP; PA; QL: Max. 2 per day.; This drug is not available through home delivery
TOBI PODHALER INHALATION CAPSULE 28 MG	2	SPP; This drug is not available through home delivery
tobramycin inhalation nebulization solution 300 mg/4ml	2	SPP; This drug is not available through home delivery
tobramycin nebulization solution 300 mg/5ml inhalation	1	SPP; This drug is not available through home delivery
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	1	SPP; This drug is not available through home delivery
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	3	SPP; PA; QL: Max. 3 per day; This drug is not available through home delivery
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	3	SPP; PA; QL; This drug is not available through home delivery
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	3	SPP; PA; QL: 60 per 30 days
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA; This drug is not available through home delivery
alyq oral tablet 20 mg	1	SPP; PA; This drug is not available through home delivery
ambrisentan oral tablet 10 mg, 5 mg	2	SPP; PA; This drug is not available through home delivery
bosentan oral tablet 125 mg, 62.5 mg	2	SPP; PA; This drug is not available through home delivery
OPSUMIT ORAL TABLET 10 MG	2	PA; This drug is not available through home delivery
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	3	PA; QL: 1 pack per lifetime
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	3	PA; QL: 1 pack per lifetime
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25	3	PA; QL: 1 pack per lifetime
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; 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

DRUG NAME	TIER	LIMITATIONS / *NOTES
tadalafil (pah) oral tablet 20 mg	1	SPP; PA; This drug is not available through home delivery
TRACLEER ORAL TABLET SOLUBLE 32 MG	2	SPP; PA; This drug is not available through home delivery
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG	2	PA; This drug is not available through home delivery
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG	2	PA; This drug is not available through home delivery
TYVASO INHALATION SOLUTION 0.6 MG/ML	2	PA; This drug is not available through home delivery
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	2	PA; This drug is not available through home delivery
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	2	PA; This drug is not available through home delivery
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; This drug is not available through home delivery
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	3	PA; This drug is not available through home delivery
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	3	PA; This drug is not available through home delivery
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 er oral capsule extended release 24 hour 15 mg, 30 mg	2	
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-asa-caffeine oral tablet 50-770-60 mg	1	
OZOBAX DS ORAL SOLUTION 10 MG/5ML	3	
OZOBAX ORAL SOLUTION 5 MG/5ML	3	

DRUG NAME	TIER	LIMITATIONS / *NOTES
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
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	3	ST
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	
flurazepam hcl oral capsule 15 mg, 30 mg	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	3	PA; QL: 158 mL per 30 days; This drug is not available through home delivery
HETLIOZ ORAL CAPSULE 20 MG	3	PA; QL: Max. 1 per day; This drug is not available through home delivery
modafinil oral tablet 100 mg, 200 mg	1	PA; QL: Max. 1 per day
ramelteon oral tablet 8 mg	1	
SUNOSI ORAL TABLET 150 MG, 75 MG	2	PA; QL: Max. 1 per day
tasimelteon oral capsule 20 mg	3	PA; QL: Max. 1 per day; This drug is not available through home delivery
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	3	PA; QL: Max 2 per day; This drug is not available through home delivery
XYREM ORAL SOLUTION 500 MG/ML	3	PA; QL: Max. 18 ML(s) per day
XYWAV ORAL SOLUTION 500 MG/ML	3	PA; QL: Max. 18 ml per day
zaleplon oral capsule 10 mg, 5 mg	1	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	
zolpidem tartrate oral tablet 10 mg, 5 mg	1	
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT	3	QL: Max. 1 bottle per 30 day(s); ST

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

Chinese 若需免費的中文版本，請撥打ID卡上的電話號碼。

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

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

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

Haitian Creole Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

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) ប់េសវែបប កេបដយឥតគិតែថ្លជ ភាសាែខ្មរ សូមទូរស័ព្ទេ្រកាន់េលែខដលមានេ្រលើប័ណ្ណសមា្គល់សមាជិករបស់អ្នក។

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

Laotian, ສາ ລັບການແປພາສາເ ບັ ນພາສາລາວ ີ່ທ ່ບໍ່ໄດ້ ເສຍຄ່ າ ໃຊ້ ຈ່ າຍ, ໃຫ້ ໂທຫາເ ີບ ່ີ ທຢູ່ ເ ທ ງ ບ ດປະ ຈາ ຕ ວຂອງ ທ ານ.

Navajo Doo bą́ąh ilíní da Diné k’ehjí álnéehgo, hodiilnih béésh bee haní’é bee néé ho’dílzingo nantinígíí bikáá’.

Persian برای ترجمه رایگان فارسی به شماره تلفن مندرج در کارت شناسائی تان زنگ بزنید

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

Portuguese Para tradução grátis para 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 Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

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

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

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-860-3161 (TTY: 711).

General notice about nondiscrimination and accessibility requirements

Tufts Health Plan and its affiliates as noted below ("Tufts") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or sexual orientation. Tufts does not exclude people or treat them differently because of race, color, national origin, age, disability, sex or gender identity.

Tufts:

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

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that Tufts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity, you can file a grievance with: Civil Rights Compliance Officer, 1 Wellness Way, Canton, MA 02021-1166, **1-866-750-2074**, TTY **711**, Fax: **1-617-509-3085**, Email: civil_rights@point32health.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **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. 20211
1-800-368-1019, **1-800-537-7697**, TTY **711**

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

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

Free services are provided to help you communicate with us, such as letters in other languages or large print. You may also ask to speak with an interpreter. To ask for help, please call the toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), La compañía no discrimina por raza, color, nacionalidad, sexo, edad o discapacidad en actividades y programas de salud.

Se brindan servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas o en letra grande. También puede solicitar comunicarse con un intérprete. Para solicitar ayuda, llame al número de teléfono gratuito que figura en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，公司不会基于种族、肤色、国籍、性别、年龄或残疾而在健康计划和活动中歧视任何人。

为帮助您与我们沟通，我们提供一些免费服务，例如用其他语言书写的信件或大字体。您也可以要求与口译 WF9021389–H 员对话。欲寻求帮助，请拨打您的 ID 卡上列出的免费电话号码。

Optum

All Optum trademarks and logos are owned by Optum, Inc. in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners.

© 2023 Optum, Inc. All rights reserved. WF9021389-H Prem 3Tier 121222