

Specialty Medications Covered Under the Pharmacy Benefit Open Drug List

This list pertains to specialty medications that can be administered by oneself and are covered under the **pharmacy benefit**, such as capsules, tablets, topicals, and some nasal sprays and injectables. This list is subject to change at any time without notice.

For specialty medications that are covered under the medical benefit, please see the Precertification Code Lookup tool [here](#).

How Do I Know If This List Applies to Me?

This list applies to the following plans:

This list applies to members with plans that include pharmacy benefits administered by Blue Cross® Blue Shield® of Arizona (AZ Blue) that have an “open” benefit design (Open Drug List). **This list does not apply to the Custom/Standard Premium Drug List – Closed Formulary.**

Certain employer-sponsored health plans with customized benefits and prior authorization requirements:

Amkor Technology, Inc. (group 039176)	OB Sports Golf Management, LLC (group 038043)
City of Phoenix (groups 040000 and 040004)	Snell & Wilmer (group 030313)
Knight Transportation, Inc. (group 029653)	State of Arizona (group 030855)
Northwest Arizona Employee Benefit Trust (group 037461)	Teamsters (groups 031843 and 031844)

This list does not apply to the following plans:

- Federal Employee Program® (FEP®) plans
- Medicare Advantage (MA) plans
- Employer-sponsored plans in our Corporate Health Services (CHS) program
- Plans offered or administered by other Blue Cross and/or Blue Shield plans

For benefits and eligibility, or to inquire about prior authorization requirements for specialty medications not listed here or for one of the exempt plans listed above, you can call the pharmacy benefit manager (PBM) or administrator on the member ID card.

Filling specialty medications covered under the pharmacy benefit

Optum Specialty Pharmacy is our exclusive specialty pharmacy. You can call Optum Specialty Pharmacy at 1-877-850-7071 to order the prescription. Members should call Optum Specialty Pharmacy to establish service.

Requesting Prior Authorization

For most members, AZ Blue handles the prior authorization requests. Providers can:

- Use the online request tool in the secure provider portal at azblue.com/providers > Practice Management > Prior Authorization > select one of the pharmacy “Request” options, depending upon what type of medication is being requested.
- Fax a prior authorization request to AZ Blue Clinical Therapeutics Department at 602-864-3126.

Important: Chart notes must be included with your request.

Member Cost Share/Out-of-Pocket Cost

For most AZ Blue members, specialty copay tiers (A, B, C, or D) apply. The drug list provided here is based on the 4-tier plan design described below. However, specific benefit plan designs may vary. For example, some benefit plans have only 3 cost share tiers; for these plans, medications listed as tier 4 have the same cost share as medications in tier 3. Some benefit designs may apply a single coinsurance level. Additionally, some may also include specialty medications at varying cost share tiers. **This is a reference tool only.** Plans may include specialty medications at varying cost share tiers.

Tier	Description
A	Specialty Medications, Low Cost Share
B	Specialty Medications, Moderate Cost Share
C	Specialty Medications, Moderately High Cost Share
D	Specialty Medications, Highest Cost Share

To check coverage and copay information for a medication under your plan, visit azblue.com and log into MyBlue. If you do not have access to the website, call the Pharmacy Benefits number on the back of your member ID card.

Questions?

Log in to MyBlueSM to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
AZ Blue	Call the number on your ID card	8 a.m. to 5 p.m. Monday - Friday

Specialty Medication List

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Drug	Specialty Copay Tier	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE	D	PA; DS (30 day supply max)
*Histamine H3-Receptor Antagonist/Inverse Agonists***		
WAKIX ORAL TABLET	D	PA; DS (30 day supply max)
Aminoglycosides		
*Aminoglycosides***		
ARIKAYCE INHALATION SUSPENSION	D	PA; DS (30 day supply max)
BETHKIS INHALATION NEBULIZATION SOLUTION	B	PA; SP; DS (30 day supply max)
HUMATIN ORAL CAPSULE	C	PA; DS (30 day supply max)
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION	C	PA; DS (30 day supply max)
TOBI INHALATION NEBULIZATION SOLUTION	C	PA; DS (30 day supply max)
TOBI PODHALER INHALATION CAPSULE	D	PA; DS (30 day supply max)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	B	SP; DS (30 day supply max)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	B	DS (30 day supply max)
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
OLUMIANT ORAL TABLET 1 MG, 2 MG	D	PA; DS (30 day supply max)
OLUMIANT ORAL TABLET 4 MG	D	PA; SP; DS (30 day supply max)
RINVOQ LQ ORAL SOLUTION	B	PA; SP; DS (30 day supply max)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	B	PA; DS (30 day supply max)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	B	PA; SP; DS (30 day supply max)
XELJANZ ORAL SOLUTION	B	PA; QL (10ml per day); DS (30 day supply max); AL (Max 18 Years)
XELJANZ ORAL TABLET	B	PA; DS (30 day supply max)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	B	PA; DS (30 day supply max)
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; SP; DS (30 day supply max)
ABRILADA SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; SP; DS (30 day supply max)
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit</i>	D	PA; SP
<i>adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-aacf subcutaneous auto-injector kit</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-aacf(cdluclhs strt) subcutaneous auto-injector kit</i>	D	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
<i>adalimumab-aacf(psluv starter) subcutaneous auto-injector kit</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-aaty cdluclhs start subcutaneous auto-injector kit</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-adaz subcutaneous solution prefilled syringe</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm subcutaneous auto-injector kit 40 mg/0.8ml</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm subcutaneous prefilled syringe kit</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm(cdluclhs strt) subcutaneous auto-injector kit</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm(psluv starter) subcutaneous auto-injector kit</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-fkjp subcutaneous auto-injector kit</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-fkjp subcutaneous prefilled syringe kit</i>	D	PA; SP; DS (30 day supply max)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	B	PA; DS (30 day supply max)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	B	PA; DS (30 day supply max)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	D	PA; DS (30 day supply max)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	D	PA; DS (30 day supply max)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML	D	PA; DS (30 day supply max)
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; SP; DS (30 day supply max)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; SP; DS (30 day supply max)
HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; SP; DS (30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	D	PA; QL ("Continuation of therapy may be available for existing utilizers Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded")); DS (30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	D	PA; QL ("Continuation of therapy may be available for existing utilizers Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded"); DS (30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	D	PA; QL (Continuation of therapy may be available for existing utilizers Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded"); DS (30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	D	PA; QL (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	D	PA; DS (30 day supply max)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	D	PA; QL (Continuation of therapy may be available for existing utilizers Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	D	PA; DS (30 day supply max)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	D	PA; QL (Continuation of therapy may be available for existing utilizers Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	D	PA; DS (30 day supply max)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	D	PA; QL (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; QL (Continuation of therapy may be available for existing utilizers) Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; QL (Continuation of therapy may be available for existing utilizers) Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT	D	PA; QL (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	D	PA; DS (30 day supply max)
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; QL (Continuation of therapy may be available for existing utilizers) Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	D	PA; DS (30 day supply max)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	D	PA; SP; DS (30 day supply max)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	D	PA; DS (30 day supply max)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	D	PA; SP; DS (30 day supply max)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	D	PA; DS (30 day supply max)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	B	PA; SP; DS (30 day supply max)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; SP; DS (30 day supply max)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	B	PA; SP; DS (30 day supply max)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; SP; DS (30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; DS (30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; SP; DS (30 day supply max)
YUFLYMA SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	D	PA; SP; DS (30 day supply max)
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR	D	PA; DS (30 day supply max)
*Interleukin-1 Blockers***		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; DS (30 day supply max)
*Interleukin-1 Receptor Antagonist (Il-1Ra)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
*Interleukin-1Beta Blockers***		
ILARIS SUBCUTANEOUS SOLUTION	D	PA; SP; DS (30 day supply max)
*Interleukin-6 Receptor Inhibitors***		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	C	PA; DS (30 day supply max)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	C	PA; DS (30 day supply max)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET 20 MG	B	PA; SP; DS (30 day supply max)
OTEZLA ORAL TABLET 30 MG	B	PA; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	B	PA; DS (30 day supply max)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	B	PA; SP; DS (30 day supply max)
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	C	PA; DS (30 day supply max)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	C	PA; DS (30 day supply max)
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	B	PA; SP; QL (4ml per 28 days); DS (30 day supply max)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	B	PA; QL (4ml per 28 days); DS (30 day supply max)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; QL (4ml per 28 days); DS (30 day supply max)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; QL (4ml per 28 days); DS (30 day supply max)
Androgens-Anabolic		
*Androgens***		
<i>methyltestosterone oral capsule</i>	C	PA; SP; DS (30 day supply max)
Antiarrhythmics		
*Antiarrhythmics Type Iii***		
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	A	SP; QL (2 capsules per day); DS (30 day supply max)
TIKOSYN ORAL CAPSULE	C	SP; QL (2 capsules per day); DS (30 day supply max)
Antiasthmatic And Bronchodilator Agents		
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; DS (30 day supply max)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	B	PA; DS (30 day supply max)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	B	PA; SP; DS (30 day supply max)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	B	PA; DS (30 day supply max)
*Interleukin-5 Antagonists (Igg1 Kappa)***		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; DS (30 day supply max)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	B	PA; SP; DS (30 day supply max)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	B	PA; DS (30 day supply max)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; DS (30 day supply max)
*Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors***		
OHTUVAYRE INHALATION SUSPENSION	D	PA; DS (30 day supply max)
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; DS (30 day supply max)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
Anticonvulsants		
*Anticonvulsants - Misc.***		
DIACOMIT ORAL CAPSULE	C	PA; DS (30 day supply max)
DIACOMIT ORAL PACKET	C	PA; DS (30 day supply max)
EPIDIOLEX ORAL SOLUTION	D	PA; DS (30 day supply max)
FINTEPLA ORAL SOLUTION	C	PA; DS (30 day supply max)
ZTALMY ORAL SUSPENSION	D	PA; DS (30 day supply max)
*Gaba Modulators***		
SABRIL ORAL PACKET	B	PA; SP; DS (30 day supply max)
SABRIL ORAL TABLET	B	PA; SP; DS (30 day supply max)
<i>vigabatrin oral packet</i>	B	PA; SP; DS (30 day supply max)
<i>vigabatrin oral tablet</i>	B	PA; SP; DS (30 day supply max)
VIGADRONE ORAL PACKET	B	PA; SP; DS (30 day supply max)
VIGADRONE ORAL TABLET	B	PA; SP; DS (30 day supply max)
VIGAFYDE ORAL SOLUTION	D	PA; DS (30 day supply max)
VIGPODER ORAL PACKET	B	PA; SP; DS (30 day supply max)
Antidepressants		
*Gaba Receptor Modulator - Neuroactive Steroid***		
ZURZUVAE ORAL CAPSULE	D	PA; DS (30 day supply max)
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM TRANSDERMAL PATCH 24 HOUR	D	QL (1 patch per day); DS (30 day supply max); AL (Min 16 Years)
Antidiabetics		
*Progesterone Receptor Antagonists***		
KORLYM ORAL TABLET	D	PA; DS (30 day supply max)
<i>mifepristone oral tablet 300 mg</i>	D	PA; DS (30 day supply max)
Antidotes And Specific Antagonists		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE	C	PA; DS (30 day supply max)
<i>deferasirox granules oral packet</i>	D	PA; DS (30 day supply max)
<i>deferasirox oral packet</i>	D	PA; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
<i>deferasirox oral tablet 180 mg</i>	B	SP; QL (14 tablets per day); DS (30 day supply max)
<i>deferasirox oral tablet 360 mg</i>	B	QL (10 tablets per day); DS (30 day supply max)
<i>deferasirox oral tablet 90 mg</i>	B	QL (28 tablets per day); DS (30 day supply max)
<i>deferasirox oral tablet soluble</i>	D	PA; SP; DS (30 day supply max)
<i>deferiprone oral tablet</i>	D	PA; DS (30 day supply max)
EXJADE ORAL TABLET SOLUBLE	D	PA; SP; DS (30 day supply max)
FERRIPROX ORAL SOLUTION	D	PA; DS (30 day supply max)
FERRIPROX ORAL TABLET	D	PA; DS (30 day supply max)
FERRIPROX TWICE-A-DAY ORAL TABLET	D	PA; DS (30 day supply max)
JADENU ORAL TABLET 180 MG	D	PA; SP; DS (30 day supply max)
JADENU ORAL TABLET 360 MG, 90 MG	D	PA; DS (30 day supply max)
JADENU SPRINKLE ORAL PACKET	D	PA; DS (30 day supply max)
*Antidotes And Specific Antagonists***		
VISTOGARD ORAL PACKET	D	PA; QL (4 packets per day); DS (30 day supply max)
*Opioid Antagonists***		
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	B	DS (30 day supply max)
Antifungals		
*Triazoles***		
CRESEMBA ORAL CAPSULE	D	PA; DS (30 day supply max)
Antihyperlipidemics		
*Microsomal Triglyceride Transfer Protein Inhibitors***		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	D	PA; DS (30 day supply max)
Antihypertensives		
*Agents For Pheochromocytoma***		
DEMSER ORAL CAPSULE	D	PA; DS (30 day supply max)
DIBENZYLINE ORAL CAPSULE	D	PA; DS (30 day supply max)
<i>metirosine oral capsule</i>	D	PA; DS (30 day supply max)
<i>phenoxybenzamine hcl oral capsule</i>	D	PA; DS (30 day supply max)
*Antiadrenergics - Peripherally Acting***		
TEZRULY ORAL SOLUTION	D	PA; DS (30 day supply max)
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
IMPAVIDO ORAL CAPSULE	D	PA; DS (30 day supply max)
NEBUPENT INHALATION SOLUTION RECONSTITUTED	B	DS (30 day supply max)
<i>pentamidine isethionate inhalation solution reconstituted</i>	B	DS (30 day supply max)

Drug	Specialty Copay Tier	Notes
*Monobactams***		
CAYSTON INHALATION SOLUTION RECONSTITUTED	C	PA; DS (30 day supply max)
Antimalarials		
*Antimalarials***		
DARAPRIM ORAL TABLET	D	PA; SP; DS (30 day supply max)
<i>pyrimethamine oral tablet</i>	D	PA; SP; DS (30 day supply max)
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
FIRDAPSE ORAL TABLET	D	PA; DS (30 day supply max)
Antimycobacterial Agents		
*Antimycobacterial Agents***		
<i>cycloserine oral capsule</i>	C	PA; DS (30 day supply max)
<i>pretomanid oral tablet</i>	C	PA; DS (30 day supply max)
SIRTURO ORAL TABLET	D	PA; DS (30 day supply max)
Antineoplastics And Adjunctive Therapies		
*Antineoplastic - Csf1r Kinase Inhibitors***		
ROMVIMZA ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
*Lhrh Analogs***		
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	D	PA; QL (1 injection per month (FDA approved only for Endometriosis and Fibroids)); DS (30 day supply max); F
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	D	PA; SP; QL (1 injection per 90 days (FDA approved only for Endometriosis and Fibroids)); DS (84 day supply min / 90 day supply max); F
*Urinary Tract Protective Agents***		
<i>mesna oral tablet</i>	C	DS (30 day supply max)
MESNEX ORAL TABLET	C	DS (30 day supply max)
Antiparkinson And Related Therapy Agents		
*Antiparkinson Monoamine Oxidase Inhibitors***		
AZILECT ORAL TABLET	C	SP; DS (30 day supply max)
<i>rasagiline mesylate oral tablet</i>	A	SP; DS (30 day supply max)
*Levodopa Combinations***		
VYALEV SUBCUTANEOUS SOLUTION	D	PA; DS (30 day supply max)
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	D	PA; DS (30 day supply max)
<i>apomorphine hcl subcutaneous solution cartridge</i>	D	PA; DS (30 day supply max)
NEUPRO TRANSDERMAL PATCH 24 HOUR	C	DS (30 day supply max)
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE	D	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
Antipsychotics/Antimanic Agents		
*Antipsychotics - Misc.***		
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	B	PA; DS (30 day supply max)
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	A	PA; DS (30 day supply max)
*Benzisoxazoles***		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	C	PA; DS (30 day supply max)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	B	PA; DS (30 day supply max)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	B	PA
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	B	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	B	PA; DS (30 day supply max)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	B	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
<i>risperidone er intramuscular suspension reconstituted er</i>	B	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
<i>risperidone microspheres er intramuscular suspension reconstituted er</i>	B	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	B	PA; DS (30 day supply max)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
*Quinolinone Derivatives***		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	B	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	B	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	B	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	C	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	C	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
*Thienbenzodiazepines***		
<i>olanzapine intramuscular solution reconstituted</i>	A	PA; DS (30 day supply max)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	B	PA; DS (30 day supply max)

Drug	Specialty Copay Tier	Notes
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	B	PA; DS (30 day supply max)
Antivirals		
*Antiretrovirals - Capsid Inhibitors***		
SUNLENCA ORAL TABLET	D	PA; SP; DS (30 day supply max)
SUNLENCA ORAL TABLET THERAPY PACK	D	PA; QL (5 tablets per 30 days; with a limit of 1 fill per month); DS (30 day supply max)
SUNLENCA SUBCUTANEOUS SOLUTION	D	PA; QL (3ml per 6 months); DS (167 day supply min / 180 day supply max)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	B	PA; DS (30 day supply max)
*Cmv Agents***		
LIVTENCITY ORAL TABLET	D	PA; DS (30 day supply max)
PREVYMIS ORAL PACKET	D	PA; SP; DS (30 day supply max)
PREVYMIS ORAL TABLET	D	PA; DS (30 day supply max)
VALCYTE ORAL SOLUTION RECONSTITUTED	C	PA; DS (30 day supply max)
VALCYTE ORAL TABLET	D	PA; QL (4 tablets per day); DS (30 day supply max)
<i>valganciclovir hcl oral solution reconstituted</i>	A	DS (30 day supply max)
<i>valganciclovir hcl oral tablet</i>	A	QL (4 tablets per day); DS (30 day supply max)
*Hepatitis B Agents***		
<i>adefovir dipivoxil oral tablet</i>	A	DS (30 day supply max)
BARACLUDE ORAL SOLUTION	B	QL (20ml per day); DS (30 day supply max); AL (Min 16 Years)
BARACLUDE ORAL TABLET	D	QL (1 tablet per day); DS (30 day supply max); AL (Min 16 Years)
<i>entecavir oral tablet</i>	A	QL (1 tablet per day); DS (30 day supply max); AL (Min 16 Years)
<i>lamivudine oral tablet 100 mg</i>	A	DS (30 day supply max)
VEMLIDY ORAL TABLET	B	PA; QL (1 tablet per day); DS (30 day supply max); AL (Min 18 Years)
*Hepatitis C Agent - Combinations***		
EPCLUSA ORAL PACKET	D	PA; DS (30 day supply max)
EPCLUSA ORAL TABLET 200-50 MG	D	PA; SP; DS (30 day supply max)
EPCLUSA ORAL TABLET 400-100 MG	D	PA; QL (1 tablet per day); DS (30 day supply max)
HARVONI ORAL PACKET	C	PA; DS (30 day supply max)
HARVONI ORAL TABLET 45-200 MG	C	PA; DS (30 day supply max)
HARVONI ORAL TABLET 90-400 MG	C	PA; QL (1 tablet per day); DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
<i>ledipasvir-sofosbuvir oral tablet</i>	B	PA; QL (1 tablet per day); DS (30 day supply max)
MAVYRET ORAL PACKET	B	PA; DS (30 day supply max)
MAVYRET ORAL TABLET	B	PA; DS (30 day supply max)
<i>sofosbuvir-velpatasvir oral tablet</i>	B	PA; QL (1 tablet per day); DS (30 day supply max)
VOSEVI ORAL TABLET	D	PA; DS (30 day supply max)
ZEPATIER ORAL TABLET	D	PA; DS (30 day supply max)
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	B	DS (30 day supply max)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	DS (30 day supply max)
<i>ribavirin oral capsule</i>	A	DS (30 day supply max)
<i>ribavirin oral tablet 200 mg</i>	A	DS (30 day supply max)
SOVALDI ORAL PACKET	D	PA; DS (30 day supply max)
SOVALDI ORAL TABLET	D	PA; DS (30 day supply max)
Cardiovascular Agents - Misc.		
*Cardiac Myosin Inhibitors***		
CAMZYOS ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
*Pde Inhibitor-Endothelin Receptor Antagonist Combinations***		
OPSYNVI ORAL TABLET	D	PA; DS (30 day supply max)
*Prostaglandin Vasodilators***		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	D	PA; DS (30 day supply max)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	D	PA; DS (30 day supply max)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	D	PA; DS (30 day supply max)
ORENITRAM ORAL TABLET EXTENDED RELEASE	D	PA; DS (30 day supply max)
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER	D	PA; DS (30 day supply max)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	D	PA; DS (30 day supply max)
TYVASO DPI TITRATION KIT INHALATION POWDER	D	PA; DS (30 day supply max)
TYVASO INHALATION SOLUTION	D	PA; DS (30 day supply max)
TYVASO REFILL KIT INHALATION SOLUTION	D	PA; DS (30 day supply max)
TYVASO STARTER KIT INHALATION SOLUTION	D	PA; DS (30 day supply max)
VENTAVIS INHALATION SOLUTION	D	PA; DS (30 day supply max)

Drug	Specialty Copay Tier	Notes
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS ORAL TABLET	D	PA; QL (3 tablets per day); DS (30 day supply max); AL (Min 18 Years)
*Pulmonary Hypertension - Activin Signaling Inhibitor***		
WINREVAIR SUBCUTANEOUS KIT	D	PA; DS (30 day supply max)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet</i>	A	PA; QL (1 tablet per day); DS (30 day supply max); AL (Min 18 Years)
<i>bosentan oral tablet</i>	D	PA; QL (2 tablets per day); DS (30 day supply max)
LETAIRIS ORAL TABLET	D	PA; QL (1 tablet per day); DS (30 day supply max); AL (Min 18 Years)
OPSUMIT ORAL TABLET	D	PA; DS (30 day supply max)
TRACLEER ORAL TABLET	D	PA; QL (2 tablets per day); DS (30 day supply max)
TRACLEER ORAL TABLET SOLUBLE	D	PA; DS (30 day supply max)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ADCIRCA ORAL TABLET	D	PA; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
ALYQ ORAL TABLET	C	PA; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
REVATIO ORAL SUSPENSION RECONSTITUTED	D	PA; QL (6 ml per day); DS (30 day supply max); AL (Min 18 Years)
REVATIO ORAL TABLET	D	PA; QL (3 tablets per day); DS (30 day supply max); AL (Min 18 Years)
<i>sildenafil citrate oral suspension reconstituted</i>	C	QL (6 ml per day); DS (30 day supply max); ST (Step Therapy required: trial of one 30 day supply fill of sildenafil citrate 20mg tablet in last 6 months); AL (Min 18 Years)
<i>sildenafil citrate oral tablet 20 mg</i>	A	QL (3 tablets per day); DS (30 day supply max); AL (Min 18 Years)
<i>tadalafil (pah) oral tablet</i>	C	PA; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
TADLIQ ORAL SUSPENSION	D	PA; SP; DS (30 day supply max)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI ORAL TABLET	D	PA; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	D	PA; DS (30 day supply max); AL (Min 18 Years)
*Transthyretin Stabilizers***		
ATTRUBY ORAL TABLET THERAPY PACK	D	PA; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
VYNDAMAX ORAL CAPSULE	D	PA; DS (30 day supply max)
VYNDAQEL ORAL CAPSULE	D	PA; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
Corticosteroids		
*Glucocorticosteroids***		
AGAMREE ORAL SUSPENSION	D	PA; DS (30 day supply max)
<i>deflazacort oral suspension</i>	D	PA; SP; DS (30 day supply max)
<i>deflazacort oral tablet</i>	C	PA; SP; DS (30 day supply max)
EMFLAZA ORAL SUSPENSION	D	PA; SP; DS (30 day supply max)
EMFLAZA ORAL TABLET	D	PA; SP; DS (30 day supply max)
EOHILIA ORAL SUSPENSION	D	PA; DS (30 day supply max)
TARPEYO ORAL CAPSULE DELAYED RELEASE	D	PA; DS (30 day supply max)
Dermatologicals		
*Alopecia Agents - Janus Kinus (Jak) Inhibitors***		
LITFULO ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
*Antineoplastic Alkylating Agents - Topical***		
VALCHLOR EXTERNAL GEL	D	PA; DS (30 day supply max); AL (Min 18 Years)
*Antineoplastic Retinoids - Topical***		
PANRETIN EXTERNAL GEL	D	PA; DS (30 day supply max)
*Antipsoriatics - Systemic***		
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	D	PA; DS (30 day supply max)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
<i>methoxsalen rapid oral capsule</i>	C	QL (1 capsule per day); DS (30 day supply max); AL (Min 18 Years)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; DS (30 day supply max)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
SOTYKTU ORAL TABLET	D	PA; SP; DS (30 day supply max)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	D	PA; DS (30 day supply max)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	C	PA; DS (30 day supply max)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML	C	PA; SP; DS (30 day supply max)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	C	PA; DS (30 day supply max)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; DS (30 day supply max)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	B	PA; DS (30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	B	PA; DS (30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; DS (30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	B	PA; DS (30 day supply max)
<i>ustekinumab subcutaneous solution</i>	D	PA; DS (30 day supply max)
<i>ustekinumab subcutaneous solution prefilled syringe</i>	D	PA; DS (30 day supply max)
<i>ustekinumab-aekn subcutaneous solution prefilled syringe</i>	B	PA; DS (30 day supply max)
WEZLANA SUBCUTANEOUS SOLUTION	B	PA; SP; DS (30 day supply max)
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
YESINTEK SUBCUTANEOUS SOLUTION	B	PA; SP; DS (30 day supply max)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***		
CIBINQO ORAL TABLET	D	PA; SP; DS (30 day supply max)
OPZELURA EXTERNAL CREAM	D	PA; QL (60gm per month); DS (30 day supply max)
*Atopic Dermatitis - Monoclonal Antibodies***		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	B	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	B	PA; DS (30 day supply max)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; DS (30 day supply max)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
*Corticosteroids - Topical***		
<i>clobetasol propionate external cream 0.025 %</i>	D	PA; DS (30 day supply max)
*Interleukin-31 Receptor Antagonists - Systemic***		
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
*Macrolide Immunosuppressants - Topical***		
HYFTOR EXTERNAL GEL	D	PA; DS (30 day supply max)
*Topical Selective Retinoid X Receptor Agonists***		
<i>bexarotene external gel</i>	D	PA; QL (120gm per month); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); AL (Min 18 Years)
TARGRETIN EXTERNAL GEL	D	PA; QL (60gm per month); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.); AL (Min 18 Years)
*Wound Dressings***		
FILSUEZ EXTERNAL GEL	D	PA; DS (30 day supply max)
Diagnostic Products		
*Diagnostic Drugs***		
METOPIRONE ORAL CAPSULE	B	PA; DS (30 day supply max)
Digestive Aids		
*Digestive Enzymes***		
SUCRAID ORAL SOLUTION	D	PA; DS (30 day supply max)
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>dichlorphenamide oral tablet</i>	D	PA; QL (4 tablets per day); DS (30 day supply max); AL (Min 18 Years)
KEVEYIS ORAL TABLET	D	PA; QL (4 tablets per day); DS (30 day supply max); AL (Min 18 Years)
ORMALVI ORAL TABLET	D	PA; QL (4 tablets per day); DS (30 day supply max); AL (Min 18 Years)
Endocrine And Metabolic Agents - Misc.		
*Atp-Sensitive Potassium Channel Activators***		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR	D	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	C	QL (5 tablets per day); DS (30 day supply max)
<i>cinacalcet hcl oral tablet 90 mg</i>	C	QL (4 tablets per day); DS (30 day supply max)
SENSIPAR ORAL TABLET 30 MG, 60 MG	C	QL (5 tablets per day); DS (30 day supply max)
SENSIPAR ORAL TABLET 90 MG	C	QL (4 tablets per day); DS (30 day supply max)
*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***		
XPHOZAH ORAL TABLET	D	PA; DS (30 day supply max)
*Corticotropin***		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	D	PA; SP; DS (30 day supply max)
ACTHAR INJECTION GEL	D	PA; DS (30 day supply max)
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
CORTROPHIN INJECTION GEL	D	PA; DS (30 day supply max)
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag		
CRENESSITY ORAL CAPSULE	D	PA; DS (30 day supply max)
CRENESSITY ORAL SOLUTION	D	PA; DS (30 day supply max)
*Cortisol Synthesis Inhibitors***		
ISTURISA ORAL TABLET 1 MG, 5 MG	C	PA; DS (30 day supply max)
RECORLEV ORAL TABLET	D	PA; DS (30 day supply max)
*Fabry Disease - Agents***		
GALAFOLD ORAL CAPSULE	D	PA; DS (30 day supply max)
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	C	PA; DS (30 day supply max)
*Growth Hormone Releasing Hormones (Ghrh)***		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; DS (30 day supply max)
*Growth Hormones***		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	B	PA; DS (30 day supply max)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	B	PA; DS (30 day supply max)
HUMATROPE INJECTION CARTRIDGE	D	PA; SP; DS (30 day supply max)
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR	D	PA; DS (30 day supply max)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; DS (30 day supply max)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	D	PA; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	D	PA; DS (30 day supply max)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	D	PA; DS (30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	B	PA; DS (30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	B	PA; DS (30 day supply max)
SAIZEN INJECTION SOLUTION RECONSTITUTED	D	PA; DS (30 day supply max)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	B	PA; DS (30 day supply max)
SKYTROFA SUBCUTANEOUS CARTRIDGE	D	PA; DS (30 day supply max)
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	D	PA; DS (30 day supply max)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; DS (30 day supply max)
ZORBIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	C	PA; DS (30 day supply max)
*Hereditary Orotic Aciduria Treatment - Agents**		
XURIDEN ORAL PACKET	D	PA; DS (30 day supply max)
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
<i>nitisinone oral capsule</i>	D	PA; DS (30 day supply max)
NITYR ORAL TABLET	D	PA; DS (30 day supply max)
ORFADIN ORAL CAPSULE	D	PA; DS (30 day supply max)
ORFADIN ORAL SUSPENSION	D	PA; DS (30 day supply max)
*Homocystinuria Treatment - Agents***		
<i>betaine oral powder</i>	C	DS (30 day supply max)
CYSTADANE ORAL POWDER	C	DS (30 day supply max)
*Hyperammonemia Treatment - Agents***		
CARBAGLU ORAL TABLET SOLUBLE	D	PA; SP; DS (30 day supply max)
<i>carglumic acid oral tablet soluble</i>	D	PA; SP; DS (30 day supply max)
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>doxercalciferol oral capsule</i>	C	DS (30 day supply max)
*Hypoparathyroid Treatment - Parathyroid Hormone Analogs***		
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR	D	PA; DS (30 day supply max)
*Hypophosphatasia (Hpp) Agents***		
STRENSIQ SUBCUTANEOUS SOLUTION	D	PA; DS (30 day supply max)
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS SOLUTION	D	PA; DS (30 day supply max)
*Leptin Analogues***		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; DS (30 day supply max)

Drug	Specialty Copay Tier	Notes
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	D	PA; QL (1 injection per month (FDA approved only for Central Precocious Puberty [CPP])); DS (30 day supply max)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	D	PA; QL (1 injection per 90 days (FDA approved only for Central Precocious Puberty [CPP])); DS (84 day supply min / 90 day supply max)
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT	D	PA; SP; QL (1 injection per 180 days (FDA approved only for Central Precocious Puberty (CPP)); DS (172 day supply min / 180 day supply max)
SYNAREL NASAL SOLUTION	C	PA; DS (30 day supply max)
*Lipoprotein Lipase Deficiency (Lpld) Deficiency - Agents***		
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
*Natriuretic Peptides***		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; DS (30 day supply max)
*Parathyroid Hormone And Derivatives***		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML, 600 MCG/2.4ML	D	PA; DS (30 day supply max)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 600 mcg/2.4ml</i>	D	PA; DS (30 day supply max)
<i>teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml</i>	B	PA; DS (30 day supply max)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; DS (30 day supply max)
*Phenylketonuria Treatment - Agents***		
JAVYGTOR ORAL PACKET	D	PA; DS (30 day supply max)
JAVYGTOR ORAL TABLET	D	PA; DS (30 day supply max)
KUVAN ORAL PACKET	D	PA; DS (30 day supply max)
KUVAN ORAL TABLET	D	PA; DS (30 day supply max)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	C	PA; DS (30 day supply max)
<i>sapropterin dihydrochloride oral packet</i>	D	PA; DS (30 day supply max)
<i>sapropterin dihydrochloride oral tablet</i>	D	PA; DS (30 day supply max)
*Rank Ligand (Rankl) Inhibitors***		
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; QL (1 prefilled syringe per 180 days; x6 copay applies); DS (167 day supply min / 180 day supply max); AL (Min 18 Years)
*Selective Vasopressin V2-Receptor Antagonists***		
JYNARQUE ORAL TABLET	C	PA; DS (30 day supply max)
JYNARQUE ORAL TABLET THERAPY PACK	C	PA; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
SAMSCA ORAL TABLET	C	PA; DS (30 day supply max)
<i>tolvaptan oral tablet</i>	C	PA; DS (30 day supply max)
*Somatostatic Agents***		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	D	PA; DS (30 day supply max)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	A	PA; DS (30 day supply max)
<i>octreotide acetate intramuscular kit</i>	D	PA; DS (30 day supply max)
<i>octreotide acetate subcutaneous solution prefilled syringe</i>	A	PA; DS (30 day supply max)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	D	PA; DS (30 day supply max)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	D	PA; DS (30 day supply max)
*Urea Cycle Disorder - Agents***		
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	D	PA; DS (30 day supply max)
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	D	PA; DS (30 day supply max)
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	D	PA; DS (30 day supply max)
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	D	PA; DS (30 day supply max)
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	D	PA; DS (30 day supply max)
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	D	PA; DS (30 day supply max)
RAVICTI ORAL LIQUID	D	PA; DS (30 day supply max)
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	A	DS (30 day supply max)
<i>sodium phenylbutyrate oral tablet</i>	B	DS (30 day supply max)
Gastrointestinal Agents - Misc.		
*Bile Acid Synthesis Disorder Agents***		
CHOLBAM ORAL CAPSULE	C	PA; DS (30 day supply max)
*Farnesoid X Receptor (Fxr) Agonists***		
OCALIVA ORAL TABLET	D	PA; DS (30 day supply max)
*Gallstone Solubilizing Agents***		
CHENODAL ORAL TABLET	D	PA; SP; DS (30 day supply max)
CTEXTI ORAL TABLET	D	PA; SP; DS (30 day supply max)
*Glucagon-Like Peptide-2 (Glp-2) Analogs***		
GATTEX SUBCUTANEOUS KIT	D	PA; DS (30 day supply max)
*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***		
REZDIFFRA ORAL TABLET	D	PA; SP; DS (30 day supply max)
*Ileal Bile Acid Transporter (Ibat) Inhibitors***		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	D	PA; DS (30 day supply max)
BYLVAY ORAL CAPSULE	D	PA; DS (30 day supply max)
LIVMARLI ORAL SOLUTION	D	PA; DS (30 day supply max)
LIVMARLI ORAL TABLET	D	PA; DS (30 day supply max)

Drug	Specialty Copay Tier	Notes
*Integrin Receptor Antagonists***		
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	C	PA; DS (30 day supply max)
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR	C	PA; DS (30 day supply max)
*Interleukin Antagonists***		
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	B	PA; SP; DS (30 day supply max)
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; DS (30 day supply max)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	B	PA; DS (30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	B	PA; SP; DS (30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	B	PA; SP; DS (30 day supply max)
*Live Fecal Microbiota (Human)**		
VOWST ORAL CAPSULE	D	PA; DS (30 day supply max)
*Peripheral Opioid Receptor Antagonists***		
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	C	PA; DS (30 day supply max)
*Peroxisome Proliferator-Activated Receptor Agonists***		
IQIRVO ORAL TABLET	D	PA; DS (30 day supply max)
LIVDELZI ORAL CAPSULE	D	PA; DS (30 day supply max)
*Phosphate Binder Agents***		
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	D	QL (3 tablets per day); DS (30 day supply max); AL (Min 16 Years)
<i>lanthanum carbonate oral tablet chewable</i>	B	QL (3 tablets per day); DS (30 day supply max); AL (Min 16 Years)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***		
VELSIPITY ORAL TABLET	D	PA; DS (30 day supply max)
*Tryptophan Hydroxylase Inhibitors***		
XERMELO ORAL TABLET	D	PA; DS (30 day supply max)
*Tumor Necrosis Factor Alpha Blockers***		
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; DS (30 day supply max)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	B	PA; DS (30 day supply max)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; DS (30 day supply max)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; DS (30 day supply max)
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; DS (30 day supply max)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; DS (30 day supply max)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; DS (30 day supply max)
Genitourinary Agents - Miscellaneous		
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE	C	DS (30 day supply max)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	C	PA; DS (30 day supply max)
PROCYSBI ORAL PACKET	C	PA; DS (30 day supply max)
*Igan Agents - Endothelin & Angiotensin II Receptor Antag***		
FILSPARI ORAL TABLET	D	PA; DS (30 day supply max)
*Igan Agents - Endothelin Receptor Antagonist***		
VANRAFIA ORAL TABLET	D	PA; SP; DS (30 day supply max)
*Small Interfering Ribonucleic Acid Agents (Sirna)***		
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
*Urinary Stone Agents***		
THIOLA EC ORAL TABLET DELAYED RELEASE	D	PA; DS (30 day supply max)
THIOLA ORAL TABLET	D	PA; DS (30 day supply max)
<i>tiopronin oral tablet</i>	D	PA; DS (30 day supply max)
<i>tiopronin oral tablet delayed release</i>	D	PA; DS (30 day supply max)
VENXXIVA ORAL TABLET DELAYED RELEASE	D	PA; DS (30 day supply max)
Hematological Agents - Misc.		
*Antihemophilic Products - Antithrombin-Directed Sirna***		
QFITLIA SUBCUTANEOUS SOLUTION	D	PA; DS (30 day supply max)
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
*Antihemophilic Products - Monoclonal Antibodies***		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 60 MG/1.5ML	D	PA; SP; DS (30 day supply max)
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/3ML	D	PA; DS (30 day supply max)
HEMLIBRA SUBCUTANEOUS SOLUTION	D	PA; SP; DS (30 day supply max)
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
*Anti-Von Willebrand Factor Agents***		
CABLIVI INJECTION KIT	A	PA; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
*Bradykinin B2 Receptor Antagonists***		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; QL (NDCs by Eugia US (633230574**) and Fresenius (551500351**) are preferred); DS (30 day supply max)
<i>icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous</i>	B	PA; DS (30 day supply max)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	D	PA; QL (NDCs by Eugia US (633230574**) and Fresenius (551500351**) are preferred); DS (30 day supply max)
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; QL (NDCs by Eugia US (633230574**) and Fresenius (551500351**) are preferred); DS (30 day supply max)
*C1 Esterase Inhibitors***		
BERINERT INTRAVENOUS KIT	D	PA; SP; DS (30 day supply max)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	D	PA; DS (30 day supply max)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; DS (30 day supply max)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	D	PA; DS (30 day supply max)
*Complement C3 Inhibitors***		
EMPAVELI SUBCUTANEOUS SOLUTION	D	PA; DS (30 day supply max)
*Complement C5 Inhibitors***		
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
*Complement C5a Receptor Inhibitors***		
TAVNEOS ORAL CAPSULE	D	PA; DS (30 day supply max)
*Complement Factor B Inhibitors***		
FABHALTA ORAL CAPSULE	D	PA; DS (30 day supply max)
*Complement Factor D Inhibitors***		
VOYDEYA ORAL TABLET	D	PA; DS (30 day supply max)
VOYDEYA ORAL TABLET THERAPY PACK	D	PA; DS (30 day supply max)
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SUBCUTANEOUS SOLUTION	D	PA; DS (30 day supply max)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	D	PA; SP; DS (30 day supply max)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	D	PA; DS (30 day supply max)
*Plasma Kallikrein Inhibitors***		
KALBITOR SUBCUTANEOUS SOLUTION	D	PA; DS (30 day supply max)
ORLADEYO ORAL CAPSULE	D	PA; DS (30 day supply max)
*Pyruvate Kinase Activators***		
PYRUKYND ORAL TABLET	D	PA; DS (30 day supply max)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	D	PA; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE ORAL TABLET	C	PA; SP; DS (30 day supply max)
Hematopoietic Agents		
*Agents For Gaucher Disease***		
CERDELGA ORAL CAPSULE	D	PA; DS (30 day supply max)
<i>miglustat oral capsule</i>	D	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
YARGESA ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
ZAVESCA ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
*Cxcr4 Receptor Antagonist***		
XOLREMDI ORAL CAPSULE	D	PA; DS (30 day supply max)
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE	B	QL (1 capsule per day); DS (30 day supply max); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - Siklos 100mg or 1000mg tab AND hydroxyurea 500mg cap); AL (Min 18 Years)
SIKLOS ORAL TABLET 100 MG	B	QL (10 tablets per day); DS (30 day supply max); AL (Min 2 Years)
SIKLOS ORAL TABLET 1000 MG	B	QL (1 tablet per day); DS (30 day supply max); AL (Min 2 Years)
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; QL (0.086 ml per day); DS (14 day supply max)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	C	PA; QL (2 syringes per 14 days); DS (14 day supply max)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	C	PA; QL (2 syringes per 14 days); DS (14 day supply max)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	C	PA; QL (10ml); DS (8 day supply min / 10 day supply max)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML	C	PA; QL (16ml); DS (8 day supply min / 10 day supply max)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	C	PA; QL (5 syringes per 10 days); DS (8 day supply min / 10 day supply max)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	C	PA; QL (8 syringes per 10 days); DS (8 day supply min / 10 day supply max)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	B	PA; QL (1ml per day); DS (8 day supply min / 10 day supply max)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	B	PA; QL (1.6ml per day); DS (8 day supply min / 10 day supply max)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	B	PA; SP; QL (0.5ml per day); DS (8 day supply min / 10 day supply max)

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Drug	Specialty Copay Tier	Notes
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	B	PA; SP; QL (0.8ml per day); DS (8 day supply min / 10 day supply max)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	SP; DS (30 day supply max)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	D	QL (0.5ml per day); DS (10 day supply max)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	D	QL (0.8ml per day); DS (10 day supply max)
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***		
LEUKINE INJECTION SOLUTION RECONSTITUTED	D	DS (30 day supply max)
*Hemoglobin S (Hbs) Polymerization Inhibitors***		
OXBRYTA ORAL TABLET 500 MG	D	PA; DS (30 day supply max)
OXBRYTA ORAL TABLET SOLUBLE	D	PA; DS (30 day supply max)
*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***		
VAFSEO ORAL TABLET	D	PA; DS (30 day supply max)
*Thrombopoietin (Tpo) Receptor Agonists***		
ALVAIZ ORAL TABLET	D	PA; DS (30 day supply max)
DOPTELET ORAL TABLET 20 MG	C	PA; SP; DS (30 day supply max)
MULPLETA ORAL TABLET	C	PA; DS (30 day supply max)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; DS (30 day supply max)
PROMACTA ORAL PACKET	C	PA; SP; DS (30 day supply max)
PROMACTA ORAL TABLET	C	PA; DS (30 day supply max)
Hypnotics/Sedatives/Sleep Disorder Agents		
*Selective Melatonin Receptor Agonists***		
HETLIOZ LQ ORAL SUSPENSION	D	PA; DS (30 day supply max)
HETLIOZ ORAL CAPSULE	D	PA; QL (1 tablet per day); DS (30 day supply max); AL (Min 18 Years)
<i>tasimelteon oral capsule</i>	D	PA; QL (1 tablet per day); DS (30 day supply max); AL (Min 18 Years)
Migraine Products		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
NURTEC ORAL TABLET DISPERSIBLE	C	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
QULIPTA ORAL TABLET	C	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
UBRELVY ORAL TABLET	D	PA; QL (16 tablets per 30 days); DS (30 day supply max)
ZAVZPRET NASAL SOLUTION	D	PA; DS (30 day supply max)
*Cgrp Receptor Antagonists - Monocolonal Antibodies***		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; QL (0.05ml per day); DS (30 day supply max)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; QL (0.05ml per day); DS (30 day supply max)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
*Migraine Products***		
<i>dihydroergotamine mesylate injection solution</i>	C	PA; DS (30 day supply max)
<i>dihydroergotamine mesylate nasal solution</i>	D	PA; DS (30 day supply max)
MIGRANAL NASAL SOLUTION	C	PA; DS (30 day supply max)
TRUDHESA NASAL AEROSOL SOLUTION	D	PA; DS (30 day supply max)
*Selective Serotonin Agonists 5-Ht(1F)***		
REYVOW ORAL TABLET	D	PA; QL (4 tablets per month); DS (30 day supply max)
Miscellaneous Therapeutic Classes		
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***		
JOENJA ORAL TABLET	D	PA; DS (30 day supply max)
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
*Chelating Agents***		
CUVRIOR ORAL TABLET	D	PA; DS (30 day supply max)
SYPRINE ORAL CAPSULE	D	PA; DS (30 day supply max)
<i>trientine hcl oral capsule 250 mg</i>	D	PA; DS (30 day supply max)
<i>trientine hcl oral capsule 500 mg</i>	C	PA; DS (30 day supply max)
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule</i>	B	DS (30 day supply max)
<i>cyclosporine modified oral solution</i>	B	DS (30 day supply max)
<i>cyclosporine oral capsule</i>	A	DS (30 day supply max)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	B	DS (30 day supply max)
GENGRAF ORAL SOLUTION	B	DS (30 day supply max)
LUPKYNIS ORAL CAPSULE	D	PA; DS (30 day supply max)
NEORAL ORAL CAPSULE	D	DS (30 day supply max)
NEORAL ORAL SOLUTION	D	DS (30 day supply max)
SANDIMMUNE ORAL CAPSULE	D	DS (30 day supply max)

Drug	Specialty Copay Tier	Notes
SANDIMMUNE ORAL SOLUTION	B	DS (30 day supply max)
*Farnesyltransferase Inhibitors***		
ZOKINVY ORAL CAPSULE	D	PA; DS (30 day supply max)
*Immunomodulators - Combinations***		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
*Macrolide Immunosuppressants***		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	C	QL (2 tablets per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
ZORTRESS ORAL TABLET	C	QL (2 tablets per day); DS (30 day supply max)
*Monoclonal Antibodies***		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***		
VIJOICE ORAL PACKET	D	PA; SP; DS (30 day supply max)
VIJOICE ORAL TABLET THERAPY PACK	D	PA; DS (30 day supply max)
*Rock Inhibitors***		
REZUROCK ORAL TABLET	D	PA; DS (30 day supply max)
Musculoskeletal Therapy Agents		
*Central Muscle Relaxants***		
<i>metaxalone oral tablet 640 mg</i>	D	PA; SP; DS (30 day supply max)
*Retinoic Acid Receptor Gamma Selective Agonists***		
SOHONOS ORAL CAPSULE	D	PA; DS (30 day supply max)
Neuromuscular Agents		
*Als Agent Combinations***		
RELYVRIO ORAL PACKET	D	PA; DS (30 day supply max)
*Als Agents - Miscellaneous***		
RADICAVA ORS ORAL SUSPENSION	D	PA; DS (30 day supply max)
RADICAVA ORS STARTER KIT ORAL SUSPENSION	D	PA; DS (30 day supply max)
*Benzothiazoles***		
EXSERVAN ORAL FILM	C	PA; DS (30 day supply max)
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***		
SKYCLARYS ORAL CAPSULE	D	PA; DS (30 day supply max)
*Muscular Dystrophy - Histone Deacetylase Inhibitors**		
DUVYZAT ORAL SUSPENSION	D	PA; DS (30 day supply max)
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analog***		
DAYBUE ORAL SOLUTION	D	PA; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***		
EVRYSDI ORAL SOLUTION RECONSTITUTED	D	PA; DS (30 day supply max)
EVRYSDI ORAL TABLET	D	PA; DS (30 day supply max)
Ophthalmic Agents		
*Beta-Blockers - Ophthalmic Combinations***		
<i>timolol-dorzolamid-bimatoprost ophthalmic solution</i>	D	PA; DS (30 day supply max)
<i>timolol-dorzolamide-bimatopros ophthalmic solution</i>	D	PA; DS (30 day supply max)
*Ophthalmic Ectoparasiticide**		
XDEMVI OPTHALMIC SOLUTION	D	PA; QL (1x 10ml bottle per 42 days); DS (41 day supply min / 42 day supply max)
*Ophthalmic Nerve Growth Factors***		
OXERVATE OPTHALMIC SOLUTION	D	PA; DS (30 day supply max)
*Ophthalmics - Cystinosis Agents**		
CYSTADROPS OPTHALMIC SOLUTION	C	PA; DS (30 day supply max)
CYSTARAN OPTHALMIC SOLUTION	C	PA; DS (30 day supply max)
*Ophthalmics Misc. - Other***		
MIEBO OPTHALMIC SOLUTION	D	PA; DS (30 day supply max)
Passive Immunizing And Treatment Agents		
*Immune Serums***		
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	D	PA; SP; DS (30 day supply max)
Psychotherapeutic And Neurological Agents - Misc.		
*Anti-Cataplectic Agents***		
LUMRYZ ORAL PACKET	D	PA; DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
LUMRYZ STARTER PACK ORAL THERAPY PACK	D	PA; DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
<i>sodium oxybate oral solution</i>	D	PA; QL (18ml per day); DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
XYREM ORAL SOLUTION	D	PA; QL (18ml per day); DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
*Anti-Cataplectic Combinations***		
XYWAV ORAL SOLUTION	D	PA; DS (30 day supply max)
*Antisense Oligonucleotide (Aso) Inhibitor Agents***		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
*Movement Disorder Drug Therapy***		
AUSTEDO ORAL TABLET	D	PA; SP; DS (30 day supply max)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	D	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK	D	PA; SP; DS (30 day supply max)
INGREZZA ORAL CAPSULE	D	PA; SP; QL (1 capsule per day); DS (30 day supply max)
INGREZZA ORAL CAPSULE SPRINKLE	D	PA; SP; QL (1 capsule per day); DS (30 day supply max)
INGREZZA ORAL CAPSULE THERAPY PACK	D	PA; SP; QL (56 capsules per year); DS (30 day supply max)
<i>tetrabenazine oral tablet</i>	A	PA; SP; DS (30 day supply max)
XENAZINE ORAL TABLET	D	PA; SP; DS (30 day supply max)
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET	B	PA; DS (30 day supply max)
<i>teriflunomide oral tablet</i>	B	PA; DS (30 day supply max)
*Multiple Sclerosis Agents - Antimetabolites***		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	D	PA; DS (30 day supply max)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	D	PA; DS (30 day supply max)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	D	PA; DS (30 day supply max)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	D	PA; DS (30 day supply max)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	D	PA; DS (30 day supply max)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	D	PA; DS (30 day supply max)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	D	PA; DS (30 day supply max)
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	B	PA; DS (30 day supply max)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	B	PA; DS (30 day supply max)
BETASERON SUBCUTANEOUS KIT	B	PA; DS (30 day supply max)
EXTAVIA SUBCUTANEOUS KIT	B	PA; DS (30 day supply max)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; DS (30 day supply max)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; DS (30 day supply max)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; DS (30 day supply max)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; DS (30 day supply max)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; DS (30 day supply max)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; DS (30 day supply max)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	C	PA; DS (30 day supply max)
<i>dimethyl fumarate capsule delayed release 120 mg oral</i>	A	SP; QL (2 capsules per day); DS (30 day supply max); AL (Min 18 Years)
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>	A	SP; QL (2 capsules per day); DS (30 day supply max); AL (Min 18 Years)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	C	SP; QL (2 capsules per day. Only Civica NDCs 82249074514, 82249074760 are covered @ Specialty Tier A with NO PA @ Sort Pak.Call 877-570-7787); DS (30 day supply max); AL (Min 18 Years)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	C	DS (30 day supply max); AL (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	D	PA; SP; QL (2 capsules per day. Only Civica NDCs 82249074514 & 82249074760 are covered @ Specialty Tier A with NO PA @ Sort Pak.Call 877-570-7787); DS (30 day supply max); AL (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	D	PA; SP; QL (2 capsules per day. Only Civica NDCs 82249074514 & 82249074760 are covered @ Specialty Tier A with NO PA @ Sort Pak.Call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	D	PA; QL (2 capsules per day); DS (30 day supply max); AL (Min 18 Years)
VUMERITY ORAL CAPSULE DELAYED RELEASE	B	PA; DS (30 day supply max)
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	C	PA; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
<i>dalfampridine er oral tablet extended release 12 hour</i>	A	PA; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
*Multiple Sclerosis Agents***		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	B	PA; DS (30 day supply max)

Drug	Specialty Copay Tier	Notes
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; DS (30 day supply max)
*Psychotherapeutic And Neurological Agents - Misc.***		
AQNEURSA ORAL PACKET	D	PA; DS (30 day supply max)
MIPLYFFA ORAL CAPSULE	D	PA; DS (30 day supply max)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i>fingolimod hcl oral capsule</i>	B	PA; QL (1 capsule per day); DS (30 day supply max); AL (Min 10 Years)
GILENYA ORAL CAPSULE 0.25 MG	B	PA; SP; DS (30 day supply max)
GILENYA ORAL CAPSULE 0.5 MG	B	PA; QL (1 capsule per day); DS (30 day supply max); AL (Min 10 Years)
MAYZENT ORAL TABLET	D	PA; DS (30 day supply max)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	D	PA; DS (30 day supply max)
PONVORY ORAL TABLET	D	PA; SP; DS (30 day supply max)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	D	PA; SP; DS (30 day supply max)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG	D	PA; DS (30 day supply max)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG	B	PA; DS (30 day supply max)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	D	PA; SP; DS (30 day supply max)
ZEPOSIA ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	D	PA; DS (30 day supply max)
Respiratory Agents - Misc.		
*Cftr Potentiators***		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG	D	PA; SP; DS (30 day supply max)
KALYDECO ORAL PACKET 50 MG, 75 MG	D	PA; DS (30 day supply max)
KALYDECO ORAL TABLET	D	PA; QL (2 tablets per day); DS (30 day supply max); AL (Max 6 Years)
*Cystic Fibrosis Agent - Combinations***		
ALYFTREK ORAL TABLET	D	PA; DS (30 day supply max)
ORKAMBI ORAL PACKET	C	PA; DS (30 day supply max)
ORKAMBI ORAL TABLET 100-125 MG	C	PA; DS (30 day supply max); AL (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	C	PA; DS (30 day supply max)
SYMDEKO ORAL TABLET THERAPY PACK	D	PA; DS (30 day supply max)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	D	PA; SP; QL (3 tablets per day); DS (28 day supply max)
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	D	PA; QL (3 tablets per day); DS (28 day supply max)
TRIKAFTA ORAL THERAPY PACK	D	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
*Cystic Fibrosis Agents - Miscellaneous***		
BRONCHITOL INHALATION CAPSULE	D	PA; SP; DS (30 day supply max)
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	B	PA; QL (180ml per month); DS (30 day supply max)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
OFEV ORAL CAPSULE	D	PA; SP; QL (2 capsules per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
*Pulmonary Fibrosis Agents***		
ESBRIET ORAL CAPSULE	D	PA; QL (9 capsules per day); DS (30 day supply max)
ESBRIET ORAL TABLET 267 MG	D	PA; QL (9 tablets per day); DS (30 day supply max)
ESBRIET ORAL TABLET 801 MG	D	PA; QL (3 tablets per day); DS (30 day supply max)
<i>pirfenidone oral capsule</i>	D	PA; QL (9 capsules per day); DS (30 day supply max)
<i>pirfenidone oral tablet 267 mg</i>	D	PA; QL (9 tablets per day); DS (30 day supply max)
<i>pirfenidone oral tablet 534 mg</i>	D	PA; QL (4 tablets per day); DS (30 day supply max)
<i>pirfenidone oral tablet 801 mg</i>	D	PA; QL (3 tablets per day); DS (30 day supply max)
Vaginal And Related Products		
*Vaginal Progestins***		
CRINONE VAGINAL GEL	C	PA; DS (30 day supply max); F
Vasopressors		
*Neurogenic Orthostatic Hypotension (Noh) - Agents***		
<i>droxidopa capsule 100 mg oral</i>	A	QL (3 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 - are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)
<i>droxidopa capsule 200 mg oral</i>	A	QL (6 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 - are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)

Drug	Specialty Copay Tier	Notes
<i>droxidopa capsule 300 mg oral</i>	A	QL (6 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 - are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)
<i>droxidopa oral capsule 100 mg</i>	D	PA; QL (3 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 - are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	D	PA; QL (6 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 - are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)
NORTHERA ORAL CAPSULE 100 MG	D	PA; QL (3 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 - are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	D	PA; QL (6 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 - are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); DS (30 day supply max); AL (Min 18 Years)

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HUMIRA (2 SYRINGE).....	6	LEUKINE.....	28	OICALIVA.....	23
HUMIRA PEN.....	6	LITFULO.....	17	<i>octreotide acetate</i>	23
HUMIRA-CD/UC/HS STARTER.....	6	LIVDELZI.....	24	OFEV.....	35
HUMIRA-PED<40KG CROHNS STARTER.....	7	LIVMARLI.....	23	OHTUVAYRE.....	10
HUMIRA-PED>=40KG CROHNS START.....	7	LIVTENCITY.....	14	<i>olanzapine</i>	13
HUMIRA-PED>=40KG UC STARTER.....	7	LUMRYZ.....	31	OLPRUVA (2 GM DOSE).....	23
HUMIRA-PS/UV/ADOL HS STARTER.....	7	LUMRYZ STARTER PACK.....	31	OLPRUVA (3 GM DOSE).....	23
HUMIRA-PSORIASIS/UEVIT STARTER.....	7	LUPKYNIS.....	29	OLPRUVA (4 GM DOSE).....	23
HYFTOR.....	19	LUPRON DEPOT (1-MONTH).....	12	OLPRUVA (5 GM DOSE).....	23
HYMPAVZI.....	25	LUPRON DEPOT (3-MONTH).....	12	OLPRUVA (6 GM DOSE).....	23
HYRIMOZ.....	7	LUPRON DEPOT-PED (1-MONTH).....	22	OLPRUVA (6.67 GM DOSE).....	23
HYRIMOZ-CROHNS/UC STARTER.....	7	LUPRON DEPOT-PED (3-MONTH).....	22	OLUMIANT.....	4
HYRIMOZ-PED<40KG CROHN STARTER.....	7	LUPRON DEPOT-PED (6-MONTH).....	22	OMNITROPE.....	21
HYRIMOZ-PED>=40KG CROHN START.....	7	MAVENCLAD (10 TABS).....	32	OMVOH.....	24
HYRIMOZ-PLAQ PSOR/UEVIT START.....	7	MAVENCLAD (4 TABS).....	32	OMVOH (300 MG DOSE).....	24
HYRIMOZ-PLAQUE PSORIASIS START.....	7	MAVENCLAD (5 TABS).....	32	ONAPGO.....	12
<i>icatibant acetate</i>	26	MAVENCLAD (6 TABS).....	32	ONYDA XR.....	4
IDACIO (2 PEN).....	7	MAVENCLAD (7 TABS).....	32	OPSUMIT.....	16
IDACIO (2 SYRINGE).....	7	MAVENCLAD (8 TABS).....	32	OPSYNVI.....	15
IDACIO-CROHNS/UC STARTER.....	8	MAVENCLAD (9 TABS).....	32	OPZELURA.....	18
IDACIO-PSORIASIS STARTER.....	8	MAVYRET.....	15	ORENCIA.....	9
ILARIS.....	8	MAYZENT.....	34	ORENCIA CLICKJECT.....	9
IMPAVIDO.....	11	MAYZENT STARTER PACK.....	34	ORENITRAM.....	15
INCRELEX.....	21	<i>mesna</i>	12	ORENITRAM MONTH 1.....	15
INGREZZA.....	32	MESNEX.....	12	ORENITRAM MONTH 2.....	15
INVEGA HAFYERA.....	13	<i>metaxalone</i>	30	ORENITRAM MONTH 3.....	15
INVEGA SUSTENNA.....	13	<i>methoxsalen rapid</i>	17	ORFADIN.....	21
INVEGA TRINZA.....	13	<i>methyltestosterone</i>	9	ORKAMBI.....	34
		METOPIRONE.....	19	ORLADEYO.....	26
		<i>metyrosine</i>	11	ORMALVI.....	19
		MIEBO.....	31	OTEZLA.....	8, 9
		<i>mifepristone</i>	10	OTULFI.....	17
		<i>miglustat</i>	27	OXBRYTA.....	28
		MIGRANAL.....	29	OXERVATE.....	31
		MIPLYFFA.....	34	PALYNZIQ.....	22
				PANRETIN.....	17
				PEGASYS.....	15
				<i>pentamidine isethionate</i>	11

PERSERIS.....	13	SIMLANDI (1 SYRINGE).....	8	TRUDHESA.....	29
<i>phenoxybenzamine hcl</i>	11	SIMLANDI (2 PEN).....	8	TRYNGOLZA.....	22
<i>pirfenidone</i>	35	SIMLANDI (2 SYRINGE).....	8	TYENNE.....	8
PLEGRIDY.....	32	SIMPONI.....	8	TYMLOS.....	22
PLEGRIDY STARTER PACK.....	32	SIRTURO.....	12	TYVASO.....	15
PONVORY.....	34	SKYCLARYS.....	30	TYVASO DPI INSTITUTIONAL	
PONVORY STARTER PACK.....	34	SKYRIZI.....	18, 24	KIT.....	15
<i>pretomanid</i>	12	SKYRIZI PEN.....	18	TYVASO DPI MAINTENANCE KIT.....	15
PREVYMIS.....	14	SKYTROFA.....	21	TYVASO DPI TITRATION KIT.....	15
PROCYSBI.....	25	<i>sodium oxybate</i>	31	TYVASO REFILL KIT.....	15
PROLIA.....	22	<i>sodium phenylbutyrate</i>	23	TYVASO STARTER KIT.....	15
PROMACTA.....	28	<i>sofosbuvir-velpatasvir</i>	15	UBRELVY.....	28
PULMOZYME.....	35	SOGROYA.....	21	UDENYCA.....	28
<i>pyrimethamine</i>	12	SOHONOS.....	30	UPTRAVI.....	16
PYRUKYND.....	26	SOMAVERT.....	20	UPTRAVI TITRATION.....	16
PYRUKYND TAPER PACK.....	26	SOTYKTU.....	18	<i>ustekinumab</i>	18
PYZCHIVA.....	17	SOVALDI.....	15	<i>ustekinumab-aekn</i>	18
QFITLIA.....	25	SPEVIGO.....	18	UZEDY.....	13
QULIPTA.....	28	STELARA.....	18	VAFSEO.....	28
RADICAVA ORS.....	30	STEQEYMA.....	18	VALCHLOR.....	17
RADICAVA ORS STARTER KIT.....	30	STRENSIQ.....	21	VALCYTE.....	14
<i>rasagiline mesylate</i>	12	SUCRAID.....	19	<i>valganciclovir hcl</i>	14
RAVICTI.....	23	SUNLENCA.....	14	VANRAFIA.....	25
REBIF.....	33	SYMDEKO.....	34	VELSIPITY.....	24
REBIF REBIDOSE.....	32	SYNAREL.....	22	VEMLIDY.....	14
REBIF REBIDOSE TITRATION		SYPRINE.....	29	VENTAVIS.....	15
PACK.....	33	<i>tadalafil (pah)</i>	16	VENXXIVA.....	25
REBIF TITRATION PACK.....	33	TADLIQ.....	16	<i>vigabatrin</i>	10
RECORLEV.....	20	TAKHZYRO.....	26	VIGADRONE.....	10
RELISTOR.....	24	TALTZ.....	18	VIGAFYDE.....	10
RELYVRIO.....	30	TARGRETIN.....	19	VIGPODER.....	10
REVATIO.....	16	TARPEYO.....	17	VIJOICE.....	30
REYVOW.....	29	TASCENSO ODT.....	34	VISTOGARD.....	11
REZDIFFRA.....	23	<i>tasimelteon</i>	28	VIVITROL.....	11
REZUROCK.....	30	TAVALISSE.....	27	VOSEVI.....	15
<i>ribavirin</i>	15	TAVNEOS.....	26	VOWST.....	24
RINVOQ.....	4	TECFIDERA.....	33	VOXZOGO.....	22
RINVOQ LQ.....	4	TEGSEDI.....	31	VOYDEYA.....	26
RISPERDAL CONSTA.....	13	<i>teriflunomide</i>	32	VUMERITY.....	33
<i>risperidone er</i>	13	<i>teriparatide</i>	22	VYALEV.....	12
<i>risperidone microspheres er</i>	13	<i>tetrabenazine</i>	32	VYKAT XR.....	19
RIVFLOZA.....	25	TEZRULY.....	11	VYNDAMAX.....	17
ROMVIMZA.....	12	TEZSPIRE.....	10	VYNDAAQEL.....	17
RUCONEST.....	26	THIOLA.....	25	VYVGART HYTRULO.....	30
RYKINDO.....	13	THIOLA EC.....	25	WAINUA.....	31
SABRIL.....	10	TIKOSYN.....	9	WAKIX.....	4
SAIZEN.....	21	<i>timolol-dorzolamid-bimatoprost</i>	31	WEZLANA.....	18
SAJAZIR.....	26	<i>timolol-dorzolamide-bimatopros</i>	31	WINREVAIR.....	16
SAMSCA.....	23	<i>tiopronin</i>	25	XDEMZY.....	31
SANDIMMUNE.....	29, 30	TOBI.....	4	XELJANZ.....	4
SANDOSTATIN.....	23	TOBI PODHALER.....	4	XELJANZ XR.....	4
SANDOSTATIN LAR DEPOT.....	23	<i>tobramycin</i>	4	XENAZINE.....	32
<i>sapropterin dihydrochloride</i>	22	<i>tolvaptan</i>	23	XERMELO.....	24
SELARSDI.....	17	TRACLEER.....	16	XOLAIR.....	9
SENSIPAR.....	20	TREMFYA.....	18, 24	XOLREMDI.....	27
SEROSTIM.....	21	TREMFYA CROHNS INDUCTION.....	24	XPHOZAH.....	20
SIKLOS.....	27	TREMFYA ONE-PRESS.....	18	XURIDEN.....	21
<i>sildenafil citrate</i>	16	TREMFYA PEN.....	18, 24	XYREM.....	31
SILIQ.....	18	<i>trientine hcl</i>	29	XYWAV.....	31
SIMLANDI (1 PEN).....	8	TRIKAFTA.....	34	YARGESA.....	27

YESINTEK.....	18
YORVIPATH.....	21
YUFLYMA.....	8
YUFLYMA (1 PEN).....	8
YUFLYMA (2 PEN).....	8
YUFLYMA (2 SYRINGE).....	8
YUFLYMA-CD/UC/HS STARTER.....	8
YUSIMRY.....	8
ZARXIO.....	28
ZAVESCA.....	27
ZAVZPRET.....	28
ZEPATIER.....	15
ZEPOSIA.....	34
ZEPOSIA 7-DAY STARTER PACK.....	34
ZEPOSIA STARTER KIT.....	34
ZILBRYSQ.....	26
<i>ziprasidone mesylate</i>	13
ZOKINVY.....	30
ZOMACTON.....	21
ZORBTIVE.....	21
ZORTRESS.....	30
ZTALMY.....	10
ZURZUVAE.....	10
ZYMFENTRA (1 PEN).....	25
ZYMFENTRA (2 PEN).....	25
ZYMFENTRA (2 SYRINGE).....	25
ZYPREXA.....	13
ZYPREXA RELPREVV.....	14



An Independent Licensee of the Blue Cross Blue Shield Association

Notice of Nondiscrimination

Discrimination Is Against the Law

Blue Cross® Blue Shield® of Arizona (AZ Blue) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). **AZ Blue** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AZ Blue:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

If you believe that **AZ Blue** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Section 1557 Coordinator

P.O. Box 13466

Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

or email us at crc@azblue.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 Coordinator** is available to help you.

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at AZ Blue's website: azblue.com/nondiscrimination-notice.



Un licenciatario independiente de Blue Cross Blue Shield Association

Aviso de no discriminación

La discriminación es ilegal

Blue Cross® Blue Shield® of Arizona (AZ Blue) cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad ni sexo (de conformidad con el alcance de la discriminación sexual descrita en la Sección 92.101[a][2] del Título 45 del Código de Regulaciones Federales [CFR]) (o sexo, que incluye las características sexuales, como rasgos intersexuales, embarazo o condiciones relacionadas, orientación sexual, identidad de género y estereotipos sexuales). **AZ Blue** no excluye a las personas ni las trata de manera menos favorable por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo.

AZ Blue:

- Brinda a las personas con discapacidades modificaciones razonables y ayudas y servicios auxiliares gratuitos y apropiados para comunicarse de manera eficaz con nosotros, tales como:
 - Intérpretes de lenguaje de señas calificados.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, que pueden incluir:
 - Intérpretes calificados.
 - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, llame al 602-864-4884 para español y al 1-877-475-4799 para todos los demás idiomas y otras ayudas y servicios.

Si considera que **AZ Blue** no ha proporcionado estos servicios o ha discriminado de cualquier otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

Section 1557 Coordinator

P.O. Box 13466

Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

o bien, envíenos un correo electrónico a crc@azblue.com

Puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, el **Coordinador de la Sección 1557 de AZ Blue** está disponible para ayudar.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica a través del Portal de reclamos de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de reclamos están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>. Este aviso está disponible en el sitio web de AZ Blue: azblue.com/nondiscrimination-notice.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

Navajo: Diné bee yániit'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'á'á jiiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'á'á ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'á'á jiiik'eh hóló. Kohjí' 1-877-475-4799.

Chinese Simplified: 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-475-4799。

Chinese Traditional: 如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-475-4799。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. فارسی اگر توجه: 1-877-475-4799 با شماره دسترس، به‌طور رایگان موجود می‌باشند.

Thai: หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799。