

Specialty Medications Covered Under the Pharmacy Benefit

Custom Premium Drug List – Closed Formulary

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 the Custom Premium Drug List – Closed Formulary.

This list does not apply to the following:

- This list *does not* apply to the Open Drug List or Standard Premium Drug List – Closed Formulary.
- 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. You can do either of the following:

- 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

Premium PDL 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 SUSPENSION EXTENDED RELEASE 0.1 MG/ML ORAL	D	PA; SP; DS (30 day supply maximum)
*Histamine H3-Receptor Antagonist/Inverse Agonists***		
WAKIX TABLET 17.8 MG ORAL	D	PA; SP; DS (30 day supply maximum)
WAKIX TABLET 4.45 MG ORAL	D	PA; SP; DS (30 day supply maximum)
Aminoglycosides		
*Aminoglycosides***		
ARIKAYCE SUSPENSION 590 MG/8.4ML INHALATION	D	PA; SP; DS (30 day supply maximum)
HUMATIN CAPSULE 250 MG ORAL	C	PA; SP; DS (30 day supply maximum)
TOBI PODHALER CAPSULE 28 MG INHALATION	D	PA; SP; DS (30 day supply maximum)
<i>tobramycin nebulization solution 300 mg/4ml inhalation</i>	C	SP
<i>tobramycin nebulization solution 300 mg/4ml inhalation</i>	C	SP; DS (30 day supply maximum)
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	B	SP; DS (30 day supply maximum)
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
OLUMIANT TABLET 1 MG ORAL	D	PA; SP; DS (30 day supply maximum)
OLUMIANT TABLET 2 MG ORAL	D	PA; SP; DS (30 day supply maximum)
OLUMIANT TABLET 4 MG ORAL	D	PA; SP; DS (30 day supply maximum)
RINVOQ LQ SOLUTION 1 MG/ML ORAL	B	PA; SP; DS (30 day supply maximum)
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	B	PA; SP; DS (30 day supply maximum)
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	B	PA; SP; DS (30 day supply maximum)
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45 MG ORAL	B	PA; SP; DS (30 day supply maximum)
XELJANZ SOLUTION 1 MG/ML ORAL	B	PA; SP; QL (10ml/ day); DS (30 day supply maximum); AL (Max 18 Years)
XELJANZ TABLET 10 MG ORAL	B	PA; SP; DS (30 day supply maximum)
XELJANZ TABLET 5 MG ORAL	B	PA; SP; DS (30 day supply maximum)
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL	B	PA; SP; DS (30 day supply maximum)
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL	B	PA; SP; DS (30 day supply maximum)
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
<i>adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
<i>adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
<i>adalimumab-adbm (2 syringe) prefilled syringe kit 10 mg/0.2ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)

Drug	Specialty Copay Tier	Notes
<i>adalimumab-adbm (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
<i>adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.4ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
<i>adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
<i>adalimumab-adbm(cdlucl/hs strt) auto-injector kit 40 mg/0.4ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
<i>adalimumab-adbm(cdlucl/hs strt) auto-injector kit 40 mg/0.8ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
<i>adalimumab-adbm(psluv starter) auto-injector kit 40 mg/0.4ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
<i>adalimumab-adbm(psluv starter) auto-injector kit 40 mg/0.8ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
<i>adalimumab-bwwd solution auto-injector 40 mg/0.4ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
<i>adalimumab-bwwd solution prefilled syringe 40 mg/0.4ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
<i>adalimumab-ryvk (1 pen) auto-injector kit 80 mg/0.8ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
<i>adalimumab-ryvk (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
SIMLANDI (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
SIMLANDI (1 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
SIMLANDI (1 SYRINGE) PREFILLED SYRINGE KIT 80 MG/0.8ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
SIMLANDI (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)

Drug	Specialty Copay Tier	Notes
SIMLANDI (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
SIMLANDI (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
SIMPONI SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
SIMPONI SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
SIMPONI SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
SIMPONI SOLUTION PREFILLED SYRINGE 50 MG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
*Interleukin-1 Blockers***		
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Interleukin-1 Receptor Antagonist (Il-1Ra)***		
KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Interleukin-1Beta Blockers***		
ILARIS SOLUTION 150 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Interleukin-6 Receptor Inhibitors***		
ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
KEVZARA SOLUTION AUTO-INJECTOR 150 MG/1.14ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
KEVZARA SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
KEVZARA SOLUTION PREFILLED SYRINGE 150 MG/1.14ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
KEVZARA SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
TYENNE SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
TYENNE SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA TABLET 20 MG ORAL	B	PA; SP; DS (30 day supply maximum)
OTEZLA TABLET 30 MG ORAL	B	PA; SP; DS (30 day supply maximum)
OTEZLA TABLET THERAPY PACK 10 & 20 & 30 MG ORAL	B	PA; SP; QL (1 starter pack/fill); DS (30 day supply maximum); AL (Min 18 Years)
OTEZLA TABLET THERAPY PACK 4 X 10 & 51 X20 MG ORAL	B	PA; SP; DS (30 day supply maximum)
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75 MG ORAL	D	PA; SP; QL (1 per day); DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
OTEZLA/OTEZLA XR INITIATION PK TABLET THERAPY PACK 10&20&30&(ER)75 MG ORAL	A	PA; SP; QL (41 per year); DS (30 day supply maximum)
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT SOLUTION AUTO-INJECTOR 125 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS	B	PA; SP; QL (8 injections/month); DS (30 day supply maximum)
ENBREL SOLUTION 25 MG/0.5ML SUBCUTANEOUS	B	PA; SP; QL (8 injections/month); DS (30 day supply maximum)
ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS	B	PA; SP; QL (4 injections/month); DS (30 day supply maximum)
ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS	B	PA; SP; QL (8 injections/month); DS (30 day supply maximum)
ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS	B	PA; SP; QL (8 injections/month); DS (30 day supply maximum)
Antiarrhythmics		
*Antiarrhythmics Type Iii***		
<i>dofetilide capsule 125 mcg oral</i>	A	SP; QL (2 caps/ day); DS (30 day supply maximum)
<i>dofetilide capsule 250 mcg oral</i>	A	SP; QL (2 caps/ day); DS (30 day supply maximum)
<i>dofetilide capsule 500 mcg oral</i>	A	SP; QL (2 caps/ day); DS (30 day supply maximum)
Antiasthmatic And Bronchodilator Agents		
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
XOLAIR SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
XOLAIR SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
XOLAIR SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
XOLAIR SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)

Drug	Specialty Copay Tier	Notes
XOLAIR SOLUTION RECONSTITUTED 150 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
*Interleukin-5 Antagonists (Igg1 Kappa)***		
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
FASENRA SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
FASENRA SOLUTION PREFILLED SYRINGE 30 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
NUCALA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
NUCALA SOLUTION RECONSTITUTED 100 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors***		
OHTUVAYRE SUSPENSION 3 MG/2.5ML INHALATION	D	PA; SP; DS (30 day supply maximum)
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***		
TEZSPIRE SOLUTION PREFILLED SYRINGE 210 MG/1.91ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
Anticonvulsants		
*Anticonvulsants - Misc.***		
DIACOMIT CAPSULE 250 MG ORAL	C	PA; SP; DS (30 day supply maximum)
DIACOMIT CAPSULE 500 MG ORAL	C	PA; SP; DS (30 day supply maximum)
DIACOMIT PACKET 250 MG ORAL	C	PA; SP; DS (30 day supply maximum)
DIACOMIT PACKET 500 MG ORAL	C	PA; SP; DS (30 day supply maximum)
EPIDIOLEX SOLUTION 100 MG/ML ORAL	D	PA; SP; DS (30 day supply maximum)
FINTEPLA SOLUTION 2.2 MG/ML ORAL	C	PA; SP; DS (30 day supply maximum)
ZTALMY SUSPENSION 50 MG/ML ORAL	D	PA; SP; DS (30 day supply maximum)
*Gaba Modulators***		
<i>vigabatrin packet 500 mg oral</i>	B	PA; SP; DS (30 day supply maximum)
<i>vigabatrin tablet 500 mg oral</i>	B	PA; SP; DS (30 day supply maximum)
VIGADRONE PACKET 500 MG ORAL	B	PA; SP; DS (30 day supply maximum)
VIGADRONE TABLET 500 MG ORAL	B	PA; SP; DS (30 day supply maximum)
VIGAFYDE SOLUTION 100 MG/ML ORAL	D	PA; SP; DS (30 day supply maximum)
VIGPODER PACKET 500 MG ORAL	B	PA; SP; DS (30 day supply maximum)
Antidepressants		
*Gaba Receptor Modulator - Neuroactive Steroid***		
ZURZUVAE CAPSULE 20 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ZURZUVAE CAPSULE 25 MG ORAL	D	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
ZURZUVAE CAPSULE 30 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL	D	SP; QL (1 patch/ day); DS (30 day supply maximum); AL (Min 16 Years)
EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL	D	SP; QL (1 patch/ day); DS (30 day supply maximum); AL (Min 16 Years)
EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL	D	SP; QL (1 patch/ day); DS (30 day supply maximum); AL (Min 16 Years)
*Serotonin Modulators***		
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL	D	PA; SP; DS (30 day supply maximum)
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3 MG ORAL	D	PA; SP; DS (30 day supply maximum)
EXXUA TABLET EXTENDED RELEASE 24 HOUR 54.5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
EXXUA TABLET EXTENDED RELEASE 24 HOUR 72.6 MG ORAL	D	PA; SP; DS (30 day supply maximum)
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL	D	PA; SP; DS (30 day supply maximum)
Antidiabetics		
*Progesterone Receptor Antagonists***		
KORLYM TABLET 300 MG ORAL	D	PA; SP; DS (30 day supply maximum)
<i>mifepristone tablet 300 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
Antidotes And Specific Antagonists		
*Antidotes - Chelating Agents***		
CHEMET CAPSULE 100 MG ORAL	C	PA; SP; DS (30 day supply maximum)
<i>deferasirox granules packet 180 mg oral</i>	D	PA; SP
<i>deferasirox granules packet 180 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>deferasirox granules packet 360 mg oral</i>	D	PA; SP
<i>deferasirox granules packet 360 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>deferasirox granules packet 90 mg oral</i>	D	PA; SP
<i>deferasirox granules packet 90 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>deferasirox packet 180 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>deferasirox packet 360 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>deferasirox packet 90 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>deferasirox tablet 180 mg oral</i>	D	SP; QL (14 per day); DS (30 day supply maximum)
<i>deferasirox tablet 360 mg oral</i>	D	SP; QL (10 per day); DS (30 day supply maximum)
<i>deferasirox tablet 90 mg oral</i>	D	SP; QL (28 per day); DS (30 day supply maximum)
<i>deferasirox tablet soluble 125 mg oral</i>	D	PA; SP
<i>deferasirox tablet soluble 125 mg oral</i>	D	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
<i>deferasirox tablet soluble 250 mg oral</i>	D	PA; SP
<i>deferasirox tablet soluble 250 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>deferasirox tablet soluble 500 mg oral</i>	D	PA; SP
<i>deferasirox tablet soluble 500 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
FERRIPROX SOLUTION 100 MG/ML ORAL	D	PA; SP; DS (30 day supply maximum)
JADENU SPRINKLE PACKET 180 MG ORAL	D	PA; SP; DS (30 day supply maximum)
JADENU SPRINKLE PACKET 360 MG ORAL	D	PA; SP; DS (30 day supply maximum)
JADENU SPRINKLE PACKET 90 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Antidotes And Specific Antagonists***		
VISTOGARD PACKET 10 GM ORAL	D	PA; SP; QL (4 packets/ day); DS (30 day supply maximum)
*Opioid Antagonists***		
VIVITROL SUSPENSION RECONSTITUTED 380 MG INTRAMUSCULAR	B	SP; DS (30 day supply maximum)
Antifungals		
*Triazoles***		
CRESEMBA CAPSULE 186 MG ORAL	D	PA; SP; DS (30 day supply maximum)
CRESEMBA CAPSULE 74.5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
Antihyperlipidemics		
*Microsomal Triglyceride Transfer Protein Inhibitors***		
JUXTAPID CAPSULE 10 MG ORAL	D	PA; SP
JUXTAPID CAPSULE 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
JUXTAPID CAPSULE 20 MG ORAL	D	PA; SP
JUXTAPID CAPSULE 20 MG ORAL	D	PA; SP; DS (30 day supply maximum)
JUXTAPID CAPSULE 30 MG ORAL	D	PA; SP
JUXTAPID CAPSULE 30 MG ORAL	D	PA; SP; DS (30 day supply maximum)
JUXTAPID CAPSULE 5 MG ORAL	D	PA; SP
JUXTAPID CAPSULE 5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
Antihypertensives		
*Agents For Pheochromocytoma***		
DEMSER CAPSULE 250 MG ORAL	D	PA; SP; DS (30 day supply maximum)
DIBENZYLINE CAPSULE 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
<i>metyrosine capsule 250 mg oral</i>	D	PA; SP
<i>metyrosine capsule 250 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>phenoxybenzamine hcl capsule 10 mg oral</i>	D	PA; SP
<i>phenoxybenzamine hcl capsule 10 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
*Antiadrenergics - Centrally Acting***		
JAVADIN SOLUTION 0.02 MG/ML ORAL	D	PA; SP; DS (30 day supply maximum)

Drug	Specialty Copay Tier	Notes
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
IMPAVIDO CAPSULE 50 MG ORAL	D	PA; SP; DS (30 day supply maximum)
NEBUPENT SOLUTION RECONSTITUTED 300 MG INHALATION	B	SP; DS (30 day supply maximum)
<i>pentamidine isethionate solution reconstituted 300 mg inhalation</i>	B	SP; DS (30 day supply maximum)
*Penem Combinations**		
ORLYNVAH TABLET 500-500 MG ORAL	D	PA; SP; DS (30 day supply maximum)
Antimalarials		
*Antimalarials***		
DARAPRIM TABLET 25 MG ORAL	D	PA; SP; DS (30 day supply maximum)
<i>pyrimethamine tablet 25 mg oral</i>	D	PA; SP
<i>pyrimethamine tablet 25 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
Antimycobacterial Agents		
*Antimycobacterial Agents***		
<i>cycloserine capsule 250 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>pretomanid tablet 200 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
SIRTURO TABLET 100 MG ORAL	D	PA; SP; DS (30 day supply maximum)
SIRTURO TABLET 20 MG ORAL	D	PA; SP; DS (30 day supply maximum)
Antineoplastics And Adjunctive Therapies		
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
PHYRAGO TABLET 100 MG ORAL	D	PA; SP; QL (1 tab/day); DS (30 day supply maximum)
PHYRAGO TABLET 140 MG ORAL	D	PA; SP; QL (1 tab/day); DS (30 day supply maximum)
PHYRAGO TABLET 20 MG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum)
PHYRAGO TABLET 50 MG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum)
PHYRAGO TABLET 70 MG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum)
PHYRAGO TABLET 80 MG ORAL	D	PA; SP; QL (1 per day); DS (30 day supply maximum)
SPRYCEL TABLET 100 MG ORAL	D	PA; SP; QL (1 tab/day); DS (30 day supply maximum)
SPRYCEL TABLET 140 MG ORAL	D	PA; SP; QL (1 tab/day); DS (30 day supply maximum)
SPRYCEL TABLET 20 MG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum)
SPRYCEL TABLET 50 MG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum)
SPRYCEL TABLET 70 MG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum)

Drug	Specialty Copay Tier	Notes
SPRYCEL TABLET 80 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Antineoplastic - Csf1r Kinase Inhibitors***		
ROMVIMZA CAPSULE 14 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ROMVIMZA CAPSULE 20 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ROMVIMZA CAPSULE 30 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Lhrh Analogs***		
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR	D	PA; SP; QL (Max 1 unit/fill); DS (30 day supply maximum); F
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	D	PA; SP; QL (Max 1 unit/ 90 days. Minimum Day Supply is 84); DS (84 day supply maximum); F
*Urinary Tract Protective Agents***		
<i>mesna tablet 400 mg oral</i>	C	SP; DS (30 day supply maximum)
MESNEX TABLET 400 MG ORAL	C	SP; DS (30 day supply maximum)
Antiparkinson And Related Therapy Agents		
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>rasagiline mesylate tablet 0.5 mg oral</i>	A	SP
<i>rasagiline mesylate tablet 0.5 mg oral</i>	A	SP; DS (30 day supply maximum)
<i>rasagiline mesylate tablet 1 mg oral</i>	A	SP
<i>rasagiline mesylate tablet 1 mg oral</i>	A	SP; DS (30 day supply maximum)
*Levodopa Combinations***		
VYALEV SOLUTION 12-240 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SOLUTION CARTRIDGE 30 MG/3ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
<i>apomorphine hcl solution cartridge 30 mg/3ml subcutaneous</i>	D	PA; SP; DS (30 day supply maximum)
NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL	C	SP; DS (30 day supply maximum)
NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL	C	SP; DS (30 day supply maximum)
NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL	C	SP; DS (30 day supply maximum)
NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL	C	SP; DS (30 day supply maximum)
NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL	C	SP; DS (30 day supply maximum)
NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL	C	SP; DS (30 day supply maximum)
ONAPGO SOLUTION CARTRIDGE 98 MG/20ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
Antipsychotics/Antimanic Agents		
*Antipsychotics - Misc.***		
<i>ziprasidone mesylate solution reconstituted 20 mg intramuscular</i>	A	PA; SP; DS (30 day supply maximum)
*Benzisoxazoles***		
ERZOFRI SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
ERZOFRI SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
ERZOFRI SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
ERZOFRI SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
ERZOFRI SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
ERZOFRI SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML INTRAMUSCULAR	C	PA; SP; DS (30 day supply maximum)
INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1560 MG/5ML INTRAMUSCULAR	C	PA; SP; DS (30 day supply maximum)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
PERSERIS PREFILLED SYRINGE 120 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
<i>risperidone microspheres er suspension reconstituted er 12.5 mg intramuscular</i>	B	PA; SP; DS (30 day supply maximum)
<i>risperidone microspheres er suspension reconstituted er 25 mg intramuscular</i>	B	PA; SP; DS (30 day supply maximum)
<i>risperidone microspheres er suspension reconstituted er 37.5 mg intramuscular</i>	B	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
<i>risperidone microspheres er suspension reconstituted er 50 mg intramuscular</i>	B	PA; SP; DS (30 day supply maximum)
RYKINDO SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
RYKINDO SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
RYKINDO SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
*Quinolinone Derivatives***		
ABILIFY ASIMTUFII PREFILLED SYRINGE 720 MG/2.4ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
ABILIFY ASIMTUFII PREFILLED SYRINGE 960 MG/3.2ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR	B	PA; SP
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR	B	PA; SP
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
ARISTADA INITIO PREFILLED SYRINGE 675 MG/2.4ML INTRAMUSCULAR	C	PA; SP; DS (30 day supply maximum)
ARISTADA PREFILLED SYRINGE 1064 MG/3.9ML INTRAMUSCULAR	C	PA; SP; DS (30 day supply maximum)
ARISTADA PREFILLED SYRINGE 441 MG/1.6ML INTRAMUSCULAR	C	PA; SP; DS (30 day supply maximum)
ARISTADA PREFILLED SYRINGE 662 MG/2.4ML INTRAMUSCULAR	C	PA; SP; DS (30 day supply maximum)
ARISTADA PREFILLED SYRINGE 882 MG/3.2ML INTRAMUSCULAR	C	PA; SP; DS (30 day supply maximum)
*Thienbenzodiazepines***		
<i>olanzapine solution reconstituted 10 mg intramuscular</i>	A	PA; SP
<i>olanzapine solution reconstituted 10 mg intramuscular</i>	A	PA; SP; DS (30 day supply maximum)
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR	B	PA; SP
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 300 MG INTRAMUSCULAR	B	PA; SP
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 300 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 405 MG INTRAMUSCULAR	B	PA; SP
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 405 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
Antivirals		
*Antiretrovirals - Capsid Inhibitors***		
SUNLENCA SOLUTION 463.5 MG/1.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
SUNLENCA TABLET 300 MG ORAL	D	PA; SP; DS (30 day supply maximum)
YEZTUGO SOLUTION 463.5 MG/1.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
YEZTUGO TABLET 300 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SOLUTION RECONSTITUTED 90 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
*Cmv Agents***		
LIVTENCITY TABLET 200 MG ORAL	D	PA; SP; DS (30 day supply maximum)
PREVYMIS PACKET 120 MG ORAL	D	PA; SP; DS (30 day supply maximum)
PREVYMIS PACKET 20 MG ORAL	D	PA; SP; DS (30 day supply maximum)
PREVYMIS TABLET 240 MG ORAL	D	PA; SP; DS (30 day supply maximum)
PREVYMIS TABLET 480 MG ORAL	D	PA; SP; DS (30 day supply maximum)
<i>valganciclovir hcl solution reconstituted 50 mg/ml oral</i>	A	SP
<i>valganciclovir hcl solution reconstituted 50 mg/ml oral</i>	A	SP; DS (30 day supply maximum)
<i>valganciclovir hcl tablet 450 mg oral</i>	A	SP; QL (4 tabs/day); DS (30 day supply maximum)
*Hepatitis B Agents***		
<i>adefovir dipivoxil tablet 10 mg oral</i>	A	SP; DS (30 day supply maximum)
BARACLUDE SOLUTION 0.05 MG/ML ORAL	B	SP; QL (20 ml/ day); DS (30 day supply maximum); AL (Min 16 Years)
<i>entecavir tablet 0.5 mg oral</i>	A	SP; QL (1 tab/day); DS (30 day supply maximum); AL (Min 16 Years)
<i>entecavir tablet 1 mg oral</i>	A	SP; QL (1 tab/day); DS (30 day supply maximum); AL (Min 16 Years)
<i>lamivudine tablet 100 mg oral</i>	A	SP; DS (30 day supply maximum)
*Hepatitis C Agent - Combinations***		
EPCLUSA PACKET 150-37.5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
EPCLUSA PACKET 200-50 MG ORAL	D	PA; SP; DS (30 day supply maximum)
EPCLUSA TABLET 200-50 MG ORAL	D	PA; SP; DS (30 day supply maximum)
EPCLUSA TABLET 400-100 MG ORAL	D	PA; SP; DS (30 day supply maximum)
HARVONI PACKET 33.75-150 MG ORAL	C	PA; SP; DS (30 day supply maximum)
HARVONI PACKET 45-200 MG ORAL	C	PA; SP; DS (30 day supply maximum)
HARVONI TABLET 45-200 MG ORAL	C	PA; SP; DS (30 day supply maximum)
HARVONI TABLET 90-400 MG ORAL	C	PA; SP; QL (1 tab/day); DS (30 day supply maximum)

Drug	Specialty Copay Tier	Notes
MAVYRET PACKET 50-20 MG ORAL	B	PA; SP; DS (30 day supply maximum)
MAVYRET TABLET 100-40 MG ORAL	B	PA; SP
MAVYRET TABLET 100-40 MG ORAL	B	PA; SP; DS (30 day supply maximum)
<i>sofosbuvir-velpatasvir tablet 400-100 mg oral</i>	B	SP; DS (30 day supply maximum)
VOSEVI TABLET 400-100-100 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ZEPATIER TABLET 50-100 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Hepatitis C Agents***		
PEGASYS SOLUTION 180 MCG/ML SUBCUTANEOUS	B	SP; DS (30 day supply maximum)
PEGASYS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML SUBCUTANEOUS	B	SP; DS (30 day supply maximum)
<i>ribavirin capsule 200 mg oral</i>	A	SP; DS (30 day supply maximum)
<i>ribavirin tablet 200 mg oral</i>	A	SP; DS (30 day supply maximum)
SOVALDI PACKET 150 MG ORAL	D	PA; SP; DS (30 day supply maximum)
SOVALDI PACKET 200 MG ORAL	D	PA; SP; DS (30 day supply maximum)
SOVALDI TABLET 200 MG ORAL	D	PA; SP; DS (30 day supply maximum)
SOVALDI TABLET 400 MG ORAL	D	PA; SP; DS (30 day supply maximum)
Cardiovascular Agents - Misc.		
*Pde Inhibitor-Endothelin Receptor Antagonist Combinations***		
OPSYNVI TABLET 10-20 MG ORAL	D	PA; SP; DS (30 day supply maximum)
OPSYNVI TABLET 10-40 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Prostaglandin Vasodilators***		
ORENITRAM MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ORENITRAM MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ORENITRAM MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ORENITRAM TABLET EXTENDED RELEASE 0.125 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ORENITRAM TABLET EXTENDED RELEASE 0.25 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ORENITRAM TABLET EXTENDED RELEASE 1 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ORENITRAM TABLET EXTENDED RELEASE 2.5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ORENITRAM TABLET EXTENDED RELEASE 5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
TYVASO DPI INSTITUTIONAL KIT POWDER 16 MCG INHALATION	D	PA; SP; DS (30 day supply maximum)
TYVASO DPI INSTITUTIONAL KIT POWDER 32 MCG INHALATION	D	PA; SP; DS (30 day supply maximum)
TYVASO DPI INSTITUTIONAL KIT POWDER 48 MCG INHALATION	D	PA; SP; DS (30 day supply maximum)
TYVASO DPI INSTITUTIONAL KIT POWDER 64 MCG INHALATION	D	PA; SP; DS (30 day supply maximum)
TYVASO DPI INSTITUTIONAL KIT POWDER 80 MCG INHALATION	D	SP

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Drug	Specialty Copay Tier	Notes
TYVASO DPI MAINTENANCE KIT POWDER 112 X 32MCG & 112 X64MCG INHALATION	D	SP
TYVASO DPI MAINTENANCE KIT POWDER 112 X 48MCG & 112 X64MCG INHALATION	D	SP
TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION	D	PA; SP; DS (30 day supply maximum)
TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION	D	PA; SP; DS (30 day supply maximum)
TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION	D	PA; SP; DS (30 day supply maximum)
TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION	D	PA; SP; DS (30 day supply maximum)
TYVASO DPI MAINTENANCE KIT POWDER 80 MCG INHALATION	D	SP
TYVASO DPI TITRATION KIT POWDER 112 X 16MCG & 84 X 32MCG INHALATION	D	PA; SP; DS (30 day supply maximum)
TYVASO DPI TITRATION KIT POWDER 16 & 32 & 48 MCG INHALATION	D	PA; SP; DS (30 day supply maximum)
TYVASO SOLUTION 0.6 MG/ML INHALATION	D	PA; SP; DS (30 day supply maximum)
VENTAVIS SOLUTION 10 MCG/ML INHALATION	D	PA; SP; DS (30 day supply maximum)
VENTAVIS SOLUTION 20 MCG/ML INHALATION	D	PA; SP; DS (30 day supply maximum)
YUTREPIA CAPSULE 106 MCG INHALATION	D	PA; SP; DS (30 day supply maximum)
YUTREPIA CAPSULE 26.5 MCG INHALATION	D	PA; SP; DS (30 day supply maximum)
YUTREPIA CAPSULE 53 MCG INHALATION	D	PA; SP; DS (30 day supply maximum)
YUTREPIA CAPSULE 79.5 MCG INHALATION	D	PA; SP; DS (30 day supply maximum)
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS TABLET 0.5 MG ORAL	D	PA; SP; QL (3 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
ADEMPAS TABLET 1 MG ORAL	D	PA; SP; QL (3 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
ADEMPAS TABLET 1.5 MG ORAL	D	PA; SP; QL (3 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
ADEMPAS TABLET 2 MG ORAL	D	PA; SP; QL (3 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
ADEMPAS TABLET 2.5 MG ORAL	D	PA; SP; QL (3 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
*Pulmonary Hypertension - Activin Signaling Inhibitor***		
WINREVAIR KIT 2 X 45 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
WINREVAIR KIT 2 X 60 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
WINREVAIR KIT 45 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
WINREVAIR KIT 60 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)

Drug	Specialty Copay Tier	Notes
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan tablet 10 mg oral</i>	A	PA; SP; QL (1 per day); DS (30 day supply maximum)
<i>ambrisentan tablet 5 mg oral</i>	A	PA; SP; QL (1 per day); DS (30 day supply maximum)
<i>bosentan tablet 125 mg oral</i>	D	PA; SP; QL (2 per day); DS (30 day supply maximum)
<i>bosentan tablet 62.5 mg oral</i>	D	PA; SP; QL (2 per day); DS (30 day supply maximum)
<i>bosentan tablet soluble 32 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
OPSUMIT TABLET 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
TRACLEER TABLET SOLUBLE 32 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ALYQ TABLET 20 MG ORAL	C	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
<i>sildenafil citrate suspension reconstituted 10 mg/ml oral</i>	C	SP; QL (6 ml/ day); DS (30 day supply maximum); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>sildenafil citrate tablet 20 mg oral</i>	A	SP; QL (3 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
<i>tadalafil (pah) tablet 20 mg oral</i>	C	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI TABLET 1000 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
UPTRAVI TABLET 1200 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
UPTRAVI TABLET 1400 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
UPTRAVI TABLET 1600 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
UPTRAVI TABLET 200 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
UPTRAVI TABLET 400 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
UPTRAVI TABLET 600 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
UPTRAVI TABLET 800 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
UPTRAVI TITRATION TABLET THERAPY PACK 200 & 800 MCG ORAL	D	PA; SP; QL (1 pack/ lifetime); DS (30 day supply maximum); AL (Min 18 Years)
*Tranthyretin Stabilizers***		
ATTRUBY TABLET THERAPY PACK 356 MG ORAL	D	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
VYNDAMAX CAPSULE 61 MG ORAL	D	PA; SP; DS (30 day supply maximum)
VYND AQEL CAPSULE 20 MG ORAL	D	PA; SP; DS (30 day supply maximum)
Corticosteroids		
*Glucocorticosteroids***		
AGAMREE SUSPENSION 40 MG/ML ORAL	D	PA; SP; DS (30 day supply maximum)
<i>deflazacort suspension 22.75 mg/ml oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>deflazacort tablet 18 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>deflazacort tablet 30 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>deflazacort tablet 36 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>deflazacort tablet 6 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
EMFLAZA SUSPENSION 22.75 MG/ML ORAL	D	PA; SP; DS (30 day supply maximum)
EMFLAZA TABLET 18 MG ORAL	D	PA; SP; DS (30 day supply maximum)
EMFLAZA TABLET 30 MG ORAL	D	PA; SP; DS (30 day supply maximum)
EMFLAZA TABLET 36 MG ORAL	D	PA; SP; DS (30 day supply maximum)
EMFLAZA TABLET 6 MG ORAL	D	PA; SP; DS (30 day supply maximum)
EOHILIA SUSPENSION 2 MG/10ML ORAL	D	PA; SP; DS (30 day supply maximum)
<i>jaythari suspension 22.75 mg/ml oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>jaythari tablet 18 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>jaythari tablet 30 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>jaythari tablet 36 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>jaythari tablet 6 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
KHINDIVI SOLUTION 1 MG/ML ORAL	D	PA; SP; DS (30 day supply maximum)
KYMBEE TABLET 18 MG ORAL	C	PA; SP; DS (30 day supply maximum)
KYMBEE TABLET 30 MG ORAL	C	PA; SP; DS (30 day supply maximum)
KYMBEE TABLET 36 MG ORAL	C	PA; SP; DS (30 day supply maximum)
KYMBEE TABLET 6 MG ORAL	C	PA; SP; DS (30 day supply maximum)
PYQUVI SUSPENSION 22.75 MG/ML ORAL	C	PA; SP; DS (30 day supply maximum)
Dermatologicals		
*Alopecia Agents - Janus Kinase (Jak) Inhibitors***		
LEQSELVI TABLET 8 MG ORAL	D	PA; SP; DS (30 day supply maximum)
LITFULO CAPSULE 50 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Antineoplastic Alkylating Agents - Topical***		
VALCHLOR GEL 0.016 % EXTERNAL	D	PA; SP; DS (30 day supply maximum); AL (Min 18 Years)
*Antineoplastic Retinoids - Topical***		
PANRETIN GEL 0.1 % EXTERNAL	D	PA; SP; DS (30 day supply maximum)
*Antipsoriatics - Systemic***		
BIMZELX SOLUTION AUTO-INJECTOR 160 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
BIMZELX SOLUTION AUTO-INJECTOR 320 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
BIMZELX SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
BIMZELX SOLUTION PREFILLED SYRINGE 320 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
IMULDOSA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
IMULDOSA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
<i>methoxsalen rapid capsule 10 mg oral</i>	C	SP; QL (1 cap/day); DS (30 day supply maximum); AL (Min 18 Years)
SELARSDI SOLUTION 45 MG/0.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
SILIQ SOLUTION PREFILLED SYRINGE 210 MG/1.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
SKYRIZI PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
SPEVIGO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
SPEVIGO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
STARJEMZA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
STARJEMZA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
STARJEMZA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
TALTZ SOLUTION AUTO-INJECTOR 80 MG/ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
TALTZ SOLUTION PREFILLED SYRINGE 20 MG/0.25ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
TALTZ SOLUTION PREFILLED SYRINGE 40 MG/0.5ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
TALTZ SOLUTION PREFILLED SYRINGE 80 MG/ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
TREMFYA ONE-PRESS SOLUTION PEN-INJECTOR 100 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
TREMFYA PEN SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	B	PA; SP
TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
<i>ustekinumab-aauz solution prefilled syringe 45 mg/0.5ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
<i>ustekinumab-aauz solution prefilled syringe 90 mg/ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
YESINTEK SOLUTION 45 MG/0.5ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)

Drug	Specialty Copay Tier	Notes
YESINTEK SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
YESINTEK SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
*Antivirals - Topical***		
ZELSUVMI GEL 10.3 % EXTERNAL	D	PA; SP; DS (30 day supply maximum)
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***		
ANZUPGO CREAM 20 MG/GM EXTERNAL	D	PA; SP; DS (30 day supply maximum)
CIBINQO TABLET 100 MG ORAL	D	PA; SP; DS (30 day supply maximum)
CIBINQO TABLET 200 MG ORAL	D	PA; SP; DS (30 day supply maximum)
CIBINQO TABLET 50 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Atopic Dermatitis - Monoclonal Antibodies***		
ADBRY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
ADBRY SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
EBGLYSS SOLUTION AUTO-INJECTOR 250 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
EBGLYSS SOLUTION PREFILLED SYRINGE 250 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Interleukin-31 Receptor Antagonists - Systemic***		
NEMLUVIO AUTO-INJECTOR 30 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
*Topical Selective Retinoid X Receptor Agonists***		
<i>bexarotene gel 1 % external</i>	D	PA; SP; QL (2 gm/day); DS (30 day supply maximum); AL (Min 18 Years)
TARGRETIN GEL 1 % EXTERNAL	D	PA; SP; QL (2 gm/day); DS (30 day supply maximum); AL (Min 18 Years)
*Wound Dressings***		
FILSUEVZ GEL 10 % EXTERNAL	D	PA; SP; DS (30 day supply maximum)
Diagnostic Products		
*Diagnostic Drugs***		
METOPIRONE CAPSULE 250 MG ORAL	B	PA; SP; DS (30 day supply maximum)
Digestive Aids		
*Digestive Enzymes***		
SUCRAID SOLUTION 8500 UNIT/ML ORAL	D	PA; SP; DS (30 day supply maximum)

Drug	Specialty Copay Tier	Notes
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>dichlorphenamide tablet 50 mg oral</i>	D	PA; SP; QL (4 tabs/day); DS (30 day supply maximum); AL (Min 18 Years)
KEVEYIS TABLET 50 MG ORAL	D	PA; SP; QL (4 tabs/day); DS (30 day supply maximum); AL (Min 18 Years)
ORMALVI TABLET 50 MG ORAL	D	PA; SP; QL (4 tabs/day); DS (30 day supply maximum); AL (Min 18 Years)
Endocrine And Metabolic Agents - Misc.		
*Alkaptonuria (Aku) Treatment - Agents***		
HARLIKU TABLET 2 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Atp-Sensitive Potassium Channel Activators***		
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	D	PA; SP; DS (30 day supply maximum)
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	D	PA; SP; DS (30 day supply maximum)
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 75 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Calcimimetic Agents***		
<i>cinacalcet hcl tablet 30 mg oral</i>	C	SP; QL (5 tabs/ day); DS (30 day supply maximum)
<i>cinacalcet hcl tablet 60 mg oral</i>	C	SP; QL (5 tabs/ day); DS (30 day supply maximum)
<i>cinacalcet hcl tablet 90 mg oral</i>	C	SP; QL (4 tabs/day); DS (30 day supply maximum)
*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***		
XPHOZAH TABLET 20 MG ORAL	D	PA; SP; DS (30 day supply maximum)
XPHOZAH TABLET 30 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Corticotropin***		
ACTHAR GEL 80 UNIT/ML INJECTION	D	PA; SP; DS (30 day supply maximum)
ACTHAR GEL PEN-INJECTOR 40 UNIT/0.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
ACTHAR GEL PEN-INJECTOR 80 UNIT/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
CORTROPHIN GEL 80 UNIT/ML INJECTION	D	PA; SP; DS (30 day supply maximum)
CORTROPHIN GEL PREFILLED SYRINGE 40 UNIT/0.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
CORTROPHIN GEL PREFILLED SYRINGE 80 UNIT/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag		
CRENESSITY CAPSULE 100 MG ORAL	D	PA; SP; DS (30 day supply maximum)
CRENESSITY CAPSULE 25 MG ORAL	D	PA; SP; DS (30 day supply maximum)
CRENESSITY CAPSULE 50 MG ORAL	D	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
CRENESSITY SOLUTION 50 MG/ML ORAL	D	PA; SP; DS (30 day supply maximum)
*Fabry Disease - Agents***		
GALAFOLD CAPSULE 123 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Growth Hormone Receptor Antagonists***		
SOMAVERT SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
SOMAVERT SOLUTION RECONSTITUTED 15 MG SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
SOMAVERT SOLUTION RECONSTITUTED 20 MG SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
SOMAVERT SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
SOMAVERT SOLUTION RECONSTITUTED 30 MG SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
*Growth Hormone Releasing Hormones (Ghrh)***		
EGRIFTA WR KIT 11.6 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Growth Hormones***		
GENOTROPIN CARTRIDGE 12 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.4 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.6 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.8 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.2 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.4 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.6 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.8 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
GENOTROPIN MINIQUICK PREFILLED SYRINGE 2 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
NORDITROPIN FLEXPOR SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
NORDITROPIN FLEXPOR SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
NORDITROPIN FLEXPOR SOLUTION PEN-INJECTOR 30 MG/3ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
NORDITROPIN FLEXPRO SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
NUTROPIN AQ NUSPIN 10 SOLUTION PEN-INJECTOR 10 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
NUTROPIN AQ NUSPIN 20 SOLUTION PEN-INJECTOR 20 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
NUTROPIN AQ NUSPIN 5 SOLUTION PEN-INJECTOR 5 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
OMNITROPE SOLUTION RECONSTITUTED 5.8 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
SEROSTIM SOLUTION RECONSTITUTED 4 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
SEROSTIM SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
SEROSTIM SOLUTION RECONSTITUTED 6 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
ZORBTIVE SOLUTION RECONSTITUTED 8.8 MG SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
*Hereditary Orotic Aciduria Treatment - Agents**		
XURIDEN PACKET 2 GM ORAL	D	PA; SP
XURIDEN PACKET 2 GM ORAL	D	PA; SP; DS (30 day supply maximum)
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
<i>nitisinone capsule 10 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>nitisinone capsule 2 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>nitisinone capsule 20 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>nitisinone capsule 5 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
NITYR TABLET 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
NITYR TABLET 2 MG ORAL	D	PA; SP; DS (30 day supply maximum)
NITYR TABLET 5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ORFADIN CAPSULE 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ORFADIN CAPSULE 2 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ORFADIN CAPSULE 20 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ORFADIN CAPSULE 5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ORFADIN SUSPENSION 4 MG/ML ORAL	D	PA; SP; DS (30 day supply maximum)
*Homocystinuria Treatment - Agents***		
<i>betaine powder oral</i>	C	SP; DS (30 day supply maximum)
CYSTADANE POWDER ORAL	C	SP; DS (30 day supply maximum)
*Hyperammonemia Treatment - Agents***		
CARBAGLU TABLET SOLUBLE 200 MG ORAL	D	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
<i>carglumic acid tablet soluble 200 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>doxercalciferol capsule 0.5 mcg oral</i>	C	SP; DS (30 day supply maximum)
<i>doxercalciferol capsule 1 mcg oral</i>	C	SP; DS (30 day supply maximum)
<i>doxercalciferol capsule 2.5 mcg oral</i>	C	SP; DS (30 day supply maximum)
*Hypoparathyroid Treatment - Parathyroid Hormone Analogs***		
YORVIPATH SOLUTION PEN-INJECTOR 168 MCG/0.56ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
YORVIPATH SOLUTION PEN-INJECTOR 294 MCG/0.98ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
YORVIPATH SOLUTION PEN-INJECTOR 420 MCG/1.4ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Hypophosphatasia (Hpp) Agents***		
STRENSIQ SOLUTION 18 MG/0.45ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
STRENSIQ SOLUTION 28 MG/0.7ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
STRENSIQ SOLUTION 40 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
STRENSIQ SOLUTION 80 MG/0.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS	D	PA; SP
INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Leptin Analogues***		
MYALEPT SOLUTION RECONSTITUTED 11.3 MG SUBCUTANEOUS	D	PA; SP
MYALEPT SOLUTION RECONSTITUTED 11.3 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR	D	PA; SP; QL (Max 1 unit/ 30 days); DS (30 day supply maximum)
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR	D	PA; SP; QL (Max 1 unit/ 30 days); DS (30 day supply maximum)
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	D	PA; SP; QL (Max 1 unit/ 30 days); DS (30 day supply maximum)
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	D	PA; SP; QL (Max 1 unit/ 90 days. Minimum Day Supply is 84); DS (84 day supply maximum)
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG INTRAMUSCULAR	D	PA; SP; QL (Max 1 unit/ 90 days. Minimum Day Supply is 84); DS (84 day supply maximum)
LUPRON DEPOT-PED (6-MONTH) KIT 45 MG INTRAMUSCULAR	D	SP; DS (30 day supply maximum)
SYNAREL SOLUTION 2 MG/ML NASAL	C	PA; SP; DS (30 day supply maximum)

Drug	Specialty Copay Tier	Notes
*Lipoprotein Lipase Deficiency (Lpld) Deficiency - Agents***		
REDEMPLO SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS	D	SP; DS (30 day supply maximum)
TRYNGOLZA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Mitochondrial Cardioliipin Binders***		
FORZINITY SOLUTION 280 MG/3.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Natriuretic Peptides***		
VOXZOGO SOLUTION RECONSTITUTED 0.4 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
VOXZOGO SOLUTION RECONSTITUTED 0.56 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
VOXZOGO SOLUTION RECONSTITUTED 1.2 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Parathyroid Hormone And Derivatives***		
BONSITY SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
FORTEO SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	D	PA; SP; DS (30 day supply maximum)
TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
*Phenylketonuria Treatment - Agents***		
<i>sapropterin dihydrochloride packet 100 mg oral</i>	D	PA; SP
<i>sapropterin dihydrochloride packet 100 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>sapropterin dihydrochloride packet 500 mg oral</i>	D	PA; SP
<i>sapropterin dihydrochloride packet 500 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>sapropterin dihydrochloride tablet 100 mg oral</i>	D	PA; SP
<i>sapropterin dihydrochloride tablet 100 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
SEPHIENCE PACKET 1000 MG ORAL	D	PA; SP; DS (30 day supply maximum)
SEPHIENCE PACKET 250 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Rank Ligand (Rankl) Inhibitors***		
CONEXENCE SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	D	PA; SP; QL (1 syringe/6 months. Minimum Days Supply is 167); AL (Min 18 Years)
JUBBONTI SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	C	PA; SP; DS (180 day supply maximum); AL (Min 18 Years)
OSPOMYV SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	D	PA; SP; QL (1 per 180 days); DS (180 day supply maximum); AL (Min 18 Years)
PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	D	PA; SP; QL (1 syringe/ 6 months. Minimum Day Supply is 167); DS (167 day supply maximum); AL (Min 18 Years)
STOBOCLO SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	D	PA; SP; QL (1 syringe/6 months. Minimum Day Supply is 167); AL (Min 18 Years)

Drug	Specialty Copay Tier	Notes
*Selective Vasopressin V2-Receptor Antagonists***		
SAMSCA TABLET 15 MG ORAL	C	PA; SP; DS (30 day supply maximum)
SAMSCA TABLET 30 MG ORAL	C	PA; SP; DS (30 day supply maximum)
<i>tolvaptan tablet 15 mg oral</i>	C	PA; SP
<i>tolvaptan tablet 15 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>tolvaptan tablet 30 mg oral</i>	C	PA; SP
<i>tolvaptan tablet 30 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>tolvaptan tablet therapy pack 15 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>tolvaptan tablet therapy pack 30 & 15 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>tolvaptan tablet therapy pack 45 & 15 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>tolvaptan tablet therapy pack 60 & 30 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>tolvaptan tablet therapy pack 90 & 30 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
*Somatostatic Agents***		
<i>octreotide acetate kit 10 mg intramuscular</i>	D	PA; SP; DS (30 day supply maximum)
<i>octreotide acetate kit 20 mg intramuscular</i>	D	PA; SP; DS (30 day supply maximum)
<i>octreotide acetate kit 30 mg intramuscular</i>	D	PA; SP; DS (30 day supply maximum)
<i>octreotide acetate solution 100 mcg/ml injection</i>	A	SP; ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 100 mcg/ml injection</i>	A	SP; DS (30 day supply maximum); ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 1000 mcg/ml injection</i>	A	SP; ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 1000 mcg/ml injection</i>	A	SP; DS (30 day supply maximum); ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 200 mcg/ml injection</i>	A	SP; ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 200 mcg/ml injection</i>	A	SP; DS (30 day supply maximum); ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 50 mcg/ml injection</i>	A	SP; ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 50 mcg/ml injection</i>	A	SP; DS (30 day supply maximum); ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 500 mcg/ml injection</i>	A	SP; ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 500 mcg/ml injection</i>	A	SP; DS (30 day supply maximum); ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution prefilled syringe 100 mcg/ml subcutaneous</i>	A	PA; SP; DS (30 day supply maximum)
<i>octreotide acetate solution prefilled syringe 50 mcg/ml subcutaneous</i>	A	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
<i>octreotide acetate solution prefilled syringe 500 mcg/ml subcutaneous</i>	A	PA; SP; DS (30 day supply maximum)
PALSONIFY TABLET 20 MG ORAL	D	PA; SP; DS (30 day supply maximum)
PALSONIFY TABLET 30 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Urea Cycle Disorder - Agents***		
<i>glycerol phenylbutyrate liquid 1.1 gm/ml oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>sodium phenylbutyrate powder 3 gm/tsp oral</i>	A	SP; DS (30 day supply maximum)
Gastrointestinal Agents - Misc.		
*Bile Acid Synthesis Disorder Agents***		
CHOLBAM CAPSULE 250 MG ORAL	C	PA; SP
CHOLBAM CAPSULE 250 MG ORAL	C	PA; SP; DS (30 day supply maximum)
CHOLBAM CAPSULE 50 MG ORAL	C	PA; SP
CHOLBAM CAPSULE 50 MG ORAL	C	PA; SP; DS (30 day supply maximum)
CTEXLI TABLET 250 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Farnesoid X Receptor (Fxr) Agonists***		
OCALIVA TABLET 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
OCALIVA TABLET 5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Gallstone Solubilizing Agents***		
CHENODAL TABLET 250 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Glucagon-Like Peptide-2 (Glp-2) Analogs***		
GATTEX KIT 5 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***		
REZDIFFRA TABLET 100 MG ORAL	D	PA; SP; DS (30 day supply maximum)
REZDIFFRA TABLET 60 MG ORAL	D	PA; SP; DS (30 day supply maximum)
REZDIFFRA TABLET 80 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Ileal Bile Acid Transporter (Ibat) Inhibitors***		
BYLVAY (PELLETS) CAPSULE SPRINKLE 200 MCG ORAL	D	PA; SP
BYLVAY (PELLETS) CAPSULE SPRINKLE 200 MCG ORAL	D	PA; SP; DS (30 day supply maximum)
BYLVAY (PELLETS) CAPSULE SPRINKLE 600 MCG ORAL	D	PA; SP
BYLVAY (PELLETS) CAPSULE SPRINKLE 600 MCG ORAL	D	PA; SP; DS (30 day supply maximum)
BYLVAY CAPSULE 1200 MCG ORAL	D	PA; SP
BYLVAY CAPSULE 1200 MCG ORAL	D	PA; SP; DS (30 day supply maximum)
BYLVAY CAPSULE 400 MCG ORAL	D	PA; SP
BYLVAY CAPSULE 400 MCG ORAL	D	PA; SP; DS (30 day supply maximum)
LIVMARLI TABLET 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
LIVMARLI TABLET 15 MG ORAL	D	PA; SP; DS (30 day supply maximum)
LIVMARLI TABLET 20 MG ORAL	D	PA; SP; DS (30 day supply maximum)
LIVMARLI TABLET 30 MG ORAL	D	PA; SP; DS (30 day supply maximum)

Drug	Specialty Copay Tier	Notes
*Integrin Receptor Antagonists***		
ENTYVIO PEN SOLUTION AUTO-INJECTOR 108 MG/0.68ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply maximum)
*Interleukin Antagonists***		
OMVOH (300 MG DOSE) SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
OMVOH (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
OMVOH SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
OMVOH SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
TREMFYA PEN SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	B	SP
TREMFYA SOLUTION PREFILLED SYRINGE 200 MG/2ML SUBCUTANEOUS	B	SP
TREMFYA-CD/UC INDUCTION SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	B	SP
*Peroxisome Proliferator-Activated Receptor Agonists***		
IQRVO TABLET 80 MG ORAL	D	PA; SP; DS (30 day supply maximum)
LIVDELZI CAPSULE 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Phosphate Binder Agents***		
FOSRENOL TABLET CHEWABLE 1000 MG ORAL	D	SP; QL (3 tabs/ day); DS (30 day supply maximum); AL (Min 16 Years)
FOSRENOL TABLET CHEWABLE 500 MG ORAL	D	SP; QL (3 tabs/ day); DS (30 day supply maximum); AL (Min 16 Years)
FOSRENOL TABLET CHEWABLE 750 MG ORAL	D	SP; QL (3 tabs/ day); DS (30 day supply maximum); AL (Min 16 Years)
<i>lanthanum carbonate tablet chewable 1000 mg oral</i>	B	SP; QL (3 tabs/ day); DS (30 day supply maximum); AL (Min 16 Years)
<i>lanthanum carbonate tablet chewable 500 mg oral</i>	B	SP; QL (3 tabs/ day); DS (30 day supply maximum); AL (Min 16 Years)
<i>lanthanum carbonate tablet chewable 750 mg oral</i>	B	SP; QL (3 tabs/ day); DS (30 day supply maximum); AL (Min 16 Years)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***		
VELSIPITY TABLET 2 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Tryptophan Hydroxylase Inhibitors***		
XERMELO TABLET 250 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Tumor Necrosis Factor Alpha Blockers***		
CIMZIA (1 SYRINGE) PREFILLED SYRINGE KIT 200 MG/ML SUBCUTANEOUS	B	PA; SP

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Drug	Specialty Copay Tier	Notes
CIMZIA (2 SYRINGE) PREFILLED SYRINGE KIT 200 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
CIMZIA KIT 2 X 200 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
CIMZIA-STARTER PREFILLED SYRINGE KIT 200 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
ZYMFENTRA (1 PEN) AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
ZYMFENTRA (2 PEN) AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
ZYMFENTRA (2 SYRINGE) PREFILLED SYRINGE KIT 120 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
Genitourinary Agents - Miscellaneous		
*Cystinosis Agents***		
CYSTAGON CAPSULE 150 MG ORAL	C	SP; DS (30 day supply maximum)
CYSTAGON CAPSULE 50 MG ORAL	C	SP; DS (30 day supply maximum)
*Igan Agents - Endothelin Receptor Antagonist***		
VANRAFIA TABLET 0.75 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Small Interfering Ribonucleic Acid Agents (Sirna)***		
RIVFLOZA SOLUTION PREFILLED SYRINGE 128 MG/0.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
RIVFLOZA SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Urinary Stone Agents***		
THIOLA EC TABLET DELAYED RELEASE 100 MG ORAL	D	PA; SP; DS (30 day supply maximum)
THIOLA EC TABLET DELAYED RELEASE 300 MG ORAL	D	PA; SP; DS (30 day supply maximum)
THIOLA TABLET 100 MG ORAL	D	PA; SP; DS (30 day supply maximum)
<i>tiopronin tablet 100 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>tiopronin tablet delayed release 100 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>tiopronin tablet delayed release 300 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
VENXXIVA TABLET DELAYED RELEASE 100 MG ORAL	D	PA; SP; DS (30 day supply maximum)
VENXXIVA TABLET DELAYED RELEASE 300 MG ORAL	D	PA; SP; DS (30 day supply maximum)
Hematological Agents - Misc.		
*Antihemophilic Products - Antithrombin-Directed Sirna***		
QFITLIA SOLUTION 20 MG/0.2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Antihemophilic Products - Monoclonal Antibodies***		
ALHEMO SOLUTION PEN-INJECTOR 150 MG/1.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
ALHEMO SOLUTION PEN-INJECTOR 300 MG/3ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
ALHEMO SOLUTION PEN-INJECTOR 60 MG/1.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
HEMLIBRA SOLUTION 105 MG/0.7ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
HEMLIBRA SOLUTION 12 MG/0.4ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
HEMLIBRA SOLUTION 150 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
HEMLIBRA SOLUTION 30 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
HEMLIBRA SOLUTION 300 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
HEMLIBRA SOLUTION 60 MG/0.4ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
HYMPAVZI SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Anti-Von Willebrand Factor Agents***		
CABLIVI KIT 11 MG INJECTION	D	PA; SP; DS (30 day supply maximum)
*Bradykinin B2 Receptor Antagonists***		
<i>icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous</i>	D	PA; SP
<i>icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous</i>	D	PA; SP; DS (30 day supply maximum)
SAJAZIR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Bruton's Tyrosine Kinase (Btk) Inhibitors***		
WAYRILZ TABLET 400 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*C1 Esterase Inhibitors***		
BERINERT KIT 500 UNIT INTRAVENOUS	D	PA; SP; DS (30 day supply maximum)
CINRYZE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	D	PA; SP; DS (30 day supply maximum)
HAEGARDA SOLUTION RECONSTITUTED 2000 UNIT SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
HAEGARDA SOLUTION RECONSTITUTED 3000 UNIT SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
RUCONEST SOLUTION RECONSTITUTED 2100 UNIT INTRAVENOUS	D	PA; SP; DS (30 day supply maximum)
*Complement C3 Inhibitors***		
EMPAVELI SOLUTION 1080 MG/20ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Complement C5 Inhibitors***		
ZILBRYSQ SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
ZILBRYSQ SOLUTION PREFILLED SYRINGE 23 MG/0.574ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
ZILBRYSQ SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Complement Factor B Inhibitors***		
FABHALTA CAPSULE 200 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Complement Factor D Inhibitors***		
VOYDEYA TABLET 100 MG ORAL	D	PA; SP; DS (30 day supply maximum)
VOYDEYA TABLET THERAPY PACK 50 & 100 MG ORAL	D	PA; SP; DS (30 day supply maximum)

Drug	Specialty Copay Tier	Notes
*Plasma Factor Xii Inhibitors - Monoclonal Antibodies***		
ANDEMBRY SOLUTION AUTO-INJECTOR 200 MG/1.2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SOLUTION 300 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Plasma Kallikrein Inhibitors***		
EKTERLY TABLET 300 MG ORAL	D	PA; SP; DS (30 day supply maximum)
KALBITOR SOLUTION 10 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
ORLADEYO CAPSULE 110 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ORLADEYO CAPSULE 150 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Prekallikrein-Directed Antisense Oligonucleotides (Aso)***		
DAWNZERA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Pyruvate Kinase Activators***		
PYRUKYND TABLET 20 MG ORAL	D	PA; SP; DS (30 day supply maximum)
PYRUKYND TABLET 5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
PYRUKYND TABLET 50 MG ORAL	D	PA; SP; DS (30 day supply maximum)
PYRUKYND TAPER PACK TABLET THERAPY PACK 5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 50 MG & 7 X 20 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE TABLET 100 MG ORAL	C	PA; SP; DS (30 day supply maximum)
TAVALISSE TABLET 150 MG ORAL	C	PA; SP; DS (30 day supply maximum)
Hematopoietic Agents		
*Agents For Gaucher Disease***		
CERDELGA CAPSULE 84 MG ORAL	D	PA; SP; DS (30 day supply maximum)
<i>miglustat capsule 100 mg oral</i>	D	PA; SP
<i>miglustat capsule 100 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
YARGESA CAPSULE 100 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Cxcr4 Receptor Antagonist***		
XOLREMDI CAPSULE 100 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Cytotoxic Agents***		
DROXIA CAPSULE 200 MG ORAL	B	SP; QL (1 cap/day); DS (30 day supply maximum); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)

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Drug	Specialty Copay Tier	Notes
DROXIA CAPSULE 300 MG ORAL	B	SP; QL (1 cap/day); DS (30 day supply maximum); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
DROXIA CAPSULE 400 MG ORAL	B	SP; QL (1 cap/day); DS (30 day supply maximum); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
FULPHILA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	C	PA; SP; QL (0.086 per day); DS (30 day supply maximum)
NEULASTA ONPRO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	C	PA; SP; QL (4 injections/ 28 days); DS (30 day supply maximum)
NEULASTA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	C	PA; SP; QL (4 injections/ 28 days); DS (30 day supply maximum)
NIVESTYM SOLUTION 300 MCG/ML INJECTION	B	PA; SP; QL (1 vial/day; max 10 days supply. Minimum Day Supply is 8); DS (8 day supply maximum)
NIVESTYM SOLUTION 480 MCG/1.6ML INJECTION	B	PA; SP; QL (1 vial/day; max 10 days supply. Minimum Day Supply is 8); DS (8 day supply maximum)
NIVESTYM SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	B	PA; SP; QL (1 vial/day; max 10 days supply. Minimum Day Supply is 8); DS (8 day supply maximum)
NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	B	PA; SP; QL (1 vial/day; max 10 days supply. Minimum Day Supply is 8); DS (8 day supply maximum)
ZARXIO SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	D	SP; QL (1 vial/day; max 10 days supply. Minimum Day Supply is 8); DS (10 day supply maximum)
ZARXIO SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	D	SP; QL (1 vial/day; max 11 days supply. Minimum Day Supply is 8); DS (11 day supply maximum)
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***		
LEUKINE SOLUTION RECONSTITUTED 250 MCG INJECTION	D	SP; DS (30 day supply maximum)
*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***		
VAFSEO TABLET 150 MG ORAL	D	PA; SP; DS (30 day supply maximum)
VAFSEO TABLET 300 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Thrombopoietin (Tpo) Receptor Agonists***		
ALVAIZ TABLET 18 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ALVAIZ TABLET 36 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ALVAIZ TABLET 54 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ALVAIZ TABLET 9 MG ORAL	D	PA; SP; DS (30 day supply maximum)
DOPTELET SPRINKLE CAPSULE SPRINKLE 10 MG ORAL	C	PA; SP; DS (30 day supply maximum)
DOPTELET TABLET 20 MG ORAL	C	PA; SP

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Drug	Specialty Copay Tier	Notes
DOPTELET TABLET 20 MG ORAL	C	PA; SP; DS (30 day supply maximum)
<i>eltrombopag olamine packet 12.5 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>eltrombopag olamine packet 25 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>eltrombopag olamine tablet 12.5 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>eltrombopag olamine tablet 25 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>eltrombopag olamine tablet 50 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
<i>eltrombopag olamine tablet 75 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
MULPLETA TABLET 3 MG ORAL	C	PA; SP; DS (30 day supply maximum)
NPLATE SOLUTION RECONSTITUTED 125 MCG SUBCUTANEOUS	D	SP
NPLATE SOLUTION RECONSTITUTED 125 MCG SUBCUTANEOUS	D	SP; DS (30 day supply maximum)
NPLATE SOLUTION RECONSTITUTED 250 MCG SUBCUTANEOUS	D	SP; DS (30 day supply maximum)
NPLATE SOLUTION RECONSTITUTED 500 MCG SUBCUTANEOUS	D	SP; DS (30 day supply maximum)
PROMACTA PACKET 12.5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
PROMACTA PACKET 25 MG ORAL	D	PA; SP; DS (30 day supply maximum)
PROMACTA TABLET 12.5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
PROMACTA TABLET 25 MG ORAL	D	PA; SP; DS (30 day supply maximum)
PROMACTA TABLET 50 MG ORAL	D	PA; SP; DS (30 day supply maximum)
PROMACTA TABLET 75 MG ORAL	D	PA; SP; DS (30 day supply maximum)
Hypnotics/Sedatives/Sleep Disorder Agents		
*Selective Melatonin Receptor Agonists***		
<i>tasimelteon capsule 20 mg oral</i>	D	PA; SP; QL (1 per day); DS (30 day supply maximum)
Macrolides		
*Fidaxomicin***		
DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL	D	PA; SP; DS (30 day supply maximum)
DIFICID TABLET 200 MG ORAL	D	PA; SP; DS (30 day supply maximum)
<i>fidaxomicin tablet 200 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
Migraine Products		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
NURTEC TABLET DISPERSIBLE 75 MG ORAL	C	PA; SP; DS (30 day supply maximum)
QULIPTA TABLET 10 MG ORAL	C	PA; SP; DS (30 day supply maximum)
QULIPTA TABLET 30 MG ORAL	C	PA; SP; DS (30 day supply maximum)
QULIPTA TABLET 60 MG ORAL	C	PA; SP; DS (30 day supply maximum)
UBRELVY TABLET 100 MG ORAL	D	PA; QL (16 tabs/ month); DS (30 day supply maximum)
UBRELVY TABLET 50 MG ORAL	D	PA; QL (16 tabs/ month); DS (30 day supply maximum)
ZAVZPRET SOLUTION 10 MG/ACT NASAL	D	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
*Cgrp Receptor Antagonists - Monoclonal Antibodies***		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	D	PA; DS (30 day supply maximum)
AIMOVIG SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS	D	PA; DS (30 day supply maximum)
AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS	D	PA; QL (1 injection/ month); DS (30 day supply maximum)
AJOVY SOLUTION PREFILLED SYRINGE 225 MG/1.5ML SUBCUTANEOUS	D	PA; QL (1 injection/ month); DS (30 day supply maximum)
EMGALITY (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	D	PA; DS (30 day supply maximum)
*Migraine Products***		
BREKIYA SOLUTION AUTO-INJECTOR 1 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
<i>dihydroergotamine mesylate solution 1 mg/ml injection</i>	C	PA; SP; DS (30 day supply maximum)
<i>dihydroergotamine mesylate solution 4 mg/ml nasal</i>	C	PA; SP; QL (2 boxes (16 vials) / month); DS (30 day supply maximum)
MIGRANAL SOLUTION 4 MG/ML NASAL	D	PA; SP; QL (2 boxes (16 vials) / month); DS (30 day supply maximum)
Miscellaneous Therapeutic Classes		
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***		
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
BENLYSTA SOLUTION PREFILLED SYRINGE 200 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Chelating Agents***		
<i>trientine hcl capsule 250 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>trientine hcl capsule 500 mg oral</i>	C	PA; SP; DS (30 day supply maximum)
*Cyclosporine Analogs***		
<i>cyclosporine capsule 100 mg oral</i>	A	SP; DS (30 day supply maximum)
<i>cyclosporine capsule 25 mg oral</i>	A	SP; DS (30 day supply maximum)
<i>cyclosporine modified capsule 100 mg oral</i>	B	SP
<i>cyclosporine modified capsule 100 mg oral</i>	B	SP; DS (30 day supply maximum)
<i>cyclosporine modified capsule 25 mg oral</i>	B	SP
<i>cyclosporine modified capsule 25 mg oral</i>	B	SP; DS (30 day supply maximum)
<i>cyclosporine modified capsule 50 mg oral</i>	B	SP; DS (30 day supply maximum)
<i>cyclosporine modified solution 100 mg/ml oral</i>	B	SP; DS (30 day supply maximum)
GENGRAF CAPSULE 100 MG ORAL	B	SP; DS (30 day supply maximum)
GENGRAF CAPSULE 25 MG ORAL	B	SP; DS (30 day supply maximum)
GENGRAF SOLUTION 100 MG/ML ORAL	B	SP; DS (30 day supply maximum)
NEORAL CAPSULE 100 MG ORAL	D	SP; DS (30 day supply maximum)
NEORAL CAPSULE 25 MG ORAL	D	SP; DS (30 day supply maximum)
NEORAL SOLUTION 100 MG/ML ORAL	D	SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
SANDIMMUNE CAPSULE 100 MG ORAL	D	SP; DS (30 day supply maximum)
SANDIMMUNE CAPSULE 25 MG ORAL	D	SP; DS (30 day supply maximum)
SANDIMMUNE SOLUTION 100 MG/ML ORAL	B	SP; DS (30 day supply maximum)
*Farnesyltransferase Inhibitors***		
ZOKINVY CAPSULE 50 MG ORAL	D	PA; SP
ZOKINVY CAPSULE 50 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ZOKINVY CAPSULE 75 MG ORAL	D	PA; SP
ZOKINVY CAPSULE 75 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Immunomodulators - Btk Inhibitors***		
RHAPSIDO TABLET 25 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Immunomodulators - Combinations***		
VYVGART HYTRULO SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Macrolide Immunosuppressants***		
<i>everolimus tablet 0.25 mg oral</i>	C	SP; QL (2 tabs/ day); DS (30 day supply maximum)
<i>everolimus tablet 0.5 mg oral</i>	C	SP; QL (2 tabs/ day); DS (30 day supply maximum)
<i>everolimus tablet 0.75 mg oral</i>	C	SP; QL (2 tabs/ day); DS (30 day supply maximum)
<i>everolimus tablet 1 mg oral</i>	C	SP; QL (2 tabs/day); DS (30 day supply maximum)
ZORTRESS TABLET 0.25 MG ORAL	C	SP; QL (2 tabs/ day); DS (30 day supply maximum)
ZORTRESS TABLET 0.5 MG ORAL	C	SP; QL (2 tabs/ day); DS (30 day supply maximum)
ZORTRESS TABLET 0.75 MG ORAL	C	SP; QL (2 tabs/ day); DS (30 day supply maximum)
ZORTRESS TABLET 1 MG ORAL	C	SP; QL (2 tabs/day); DS (30 day supply maximum)
*Monoclonal Antibodies***		
ENSPRYNG SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***		
VIJOICE PACKET 50 MG ORAL	D	PA; SP; DS (30 day supply maximum)
Musculoskeletal Therapy Agents		
*Retinoic Acid Receptor Gamma Selective Agonists***		
SOHONOS CAPSULE 1 MG ORAL	D	PA; SP; DS (30 day supply maximum)
SOHONOS CAPSULE 1.5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
SOHONOS CAPSULE 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
SOHONOS CAPSULE 2.5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
SOHONOS CAPSULE 5 MG ORAL	D	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
Neuromuscular Agents		
*Als Agent Combinations***		
RELYVRIO PACKET 3-1 GM ORAL	D	SP; DS (30 day supply maximum)
*Als Agents - Miscellaneous***		
RADICAVA ORS STARTER KIT SUSPENSION 105 MG/5ML ORAL	D	PA; SP; DS (30 day supply maximum)
RADICAVA ORS SUSPENSION 105 MG/5ML ORAL	D	PA; SP; DS (30 day supply maximum)
*Muscular Dystrophy - Histone Deacetylase Inhibitors**		
DUVYZAT SUSPENSION 8.86 MG/ML ORAL	D	PA; SP; DS (30 day supply maximum)
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***		
EVRYSDI SOLUTION RECONSTITUTED 0.75 MG/ML ORAL	D	PA; SP; DS (30 day supply maximum)
EVRYSDI TABLET 5 MG ORAL	D	PA; SP; DS (30 day supply maximum)
Ophthalmic Agents		
*Ophthalmic Ectoparasiticide**		
XDEMVIY SOLUTION 0.25 % OPHTHALMIC	D	PA; SP; DS (42 day supply maximum)
*Ophthalmic Nerve Growth Factors***		
OXERVATE SOLUTION 0.002 % OPHTHALMIC	D	PA; SP; DS (30 day supply maximum)
*Ophthalmics - Cystinosis Agents**		
CYSTADROPS SOLUTION 0.37 % OPHTHALMIC	C	PA; SP; DS (30 day supply maximum)
CYSTARAN SOLUTION 0.44 % OPHTHALMIC	C	PA; SP
CYSTARAN SOLUTION 0.44 % OPHTHALMIC	C	PA; SP; DS (30 day supply maximum)
*Ophthalmics Misc. - Other***		
MIEBO SOLUTION 1.338 GM/ML OPHTHALMIC	D	SP; DS (30 day supply maximum)
Passive Immunizing And Treatment Agents		
*Antiviral Monoclonal Antibodies***		
SYNAGIS SOLUTION 100 MG/ML INTRAMUSCULAR	D	PA; SP; DS (30 day supply maximum)
SYNAGIS SOLUTION 50 MG/0.5ML INTRAMUSCULAR	D	PA; SP; DS (30 day supply maximum)
Psychotherapeutic And Neurological Agents - Misc.		
*Alzheimer's Treatment - Anti-Amyloid Antibodies***		
LEQEMBI IQLIK SOLUTION AUTO-INJECTOR 360 MG/1.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Anti-Cataplectic Agents***		
LUMRYZ STARTER PACK THERAPY PACK 4.5 & 6 & 7.5 GM ORAL	D	PA; SP; DS (30 day supply maximum)
<i>sodium oxybate solution 500 mg/ml oral</i>	D	PA; SP; QL (18 ml/ day); DS (30 day supply maximum); AL (Min 18 Years and Max 65 Years)
XYREM SOLUTION 500 MG/ML ORAL	D	PA; SP; QL (18 ml/ day); DS (30 day supply maximum); AL (Min 18 Years and Max 65 Years)
*Anti-Cataplectic Combinations***		
XYWAV SOLUTION 500 MG/ML ORAL	D	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
*Antisense Oligonucleotide (Aso) Inhibitor Agents***		
TEGSEDI SOLUTION PREFILLED SYRINGE 284 MG/1.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
WAINUA SOLUTION AUTO-INJECTOR 45 MG/0.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
*Movement Disorder Drug Therapy***		
AUSTEDO TABLET 12 MG ORAL	D	PA; SP; DS (30 day supply maximum)
AUSTEDO TABLET 6 MG ORAL	D	PA; SP; DS (30 day supply maximum)
AUSTEDO TABLET 9 MG ORAL	D	PA; SP; DS (30 day supply maximum)
AUSTEDO XR PATIENT TITRATION TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG ORAL	D	PA; SP; DS (30 day supply maximum)
AUSTEDO XR PATIENT TITRATION TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG ORAL	D	PA; SP; DS (30 day supply maximum)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL	D	PA; SP; DS (30 day supply maximum)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL	D	PA; SP; DS (30 day supply maximum)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24 MG ORAL	D	PA; SP; DS (30 day supply maximum)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	D	PA; SP; DS (30 day supply maximum)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL	D	PA; SP; DS (30 day supply maximum)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 42 MG ORAL	D	PA; SP; DS (30 day supply maximum)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 48 MG ORAL	D	PA; SP; DS (30 day supply maximum)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	D	PA; SP; DS (30 day supply maximum)
INGREZZA CAPSULE 40 MG ORAL	D	PA; SP; QL (1 cap/day); DS (30 day supply maximum)
INGREZZA CAPSULE 60 MG ORAL	D	PA; SP; QL (1 cap/day); DS (30 day supply maximum)
INGREZZA CAPSULE 80 MG ORAL	D	PA; SP; QL (1 cap/day); DS (30 day supply maximum)
INGREZZA CAPSULE SPRINKLE 40 MG ORAL	D	PA; SP; QL (1 per day); DS (30 day supply maximum)
INGREZZA CAPSULE SPRINKLE 60 MG ORAL	D	PA; SP; QL (1 per day); DS (30 day supply maximum)
INGREZZA CAPSULE SPRINKLE 80 MG ORAL	D	PA; SP; QL (1 per day); DS (30 day supply maximum)
INGREZZA CAPSULE THERAPY PACK 40 & 80 MG ORAL	D	PA; SP; QL (2 packs/ year); DS (30 day supply maximum)
<i>tetrabenazine tablet 12.5 mg oral</i>	A	PA; SP
<i>tetrabenazine tablet 12.5 mg oral</i>	A	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
<i>tetrabenazine tablet 25 mg oral</i>	A	PA; SP; DS (30 day supply maximum)
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO TABLET 14 MG ORAL	B	PA; SP; DS (30 day supply maximum)
AUBAGIO TABLET 7 MG ORAL	B	PA; SP; DS (30 day supply maximum)
<i>teriflunomide tablet 14 mg oral</i>	B	PA; SP; DS (30 day supply maximum)
<i>teriflunomide tablet 7 mg oral</i>	B	PA; SP; DS (30 day supply maximum)
*Multiple Sclerosis Agents - Antimetabolites***		
<i>cladribine (10 tabs) tablet therapy pack 10 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>cladribine (4 tabs) tablet therapy pack 10 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>cladribine (5 tabs) tablet therapy pack 10 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>cladribine (6 tabs) tablet therapy pack 10 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>cladribine (7 tabs) tablet therapy pack 10 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>cladribine (8 tabs) tablet therapy pack 10 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>cladribine (9 tabs) tablet therapy pack 10 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN AUTO-INJECTOR KIT 30 MCG/0.5ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
AVONEX PREFILLED PREFILLED SYRINGE KIT 30 MCG/0.5ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply maximum)
BETASERON KIT 0.3 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL	C	PA; SP; DS (30 day supply maximum)
<i>dimethyl fumarate capsule delayed release 120 mg oral</i>	A	SP; QL (2 caps/day); DS (30 day supply maximum); AL (Min 18 Years)
<i>dimethyl fumarate capsule delayed release 120 mg oral</i>	D	PA; SP; QL (2 caps/day); DS (30 day supply maximum); AL (Min 18 Years)
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>	A	SP; QL (2 caps/ day); DS (30 day supply maximum); AL (Min 18 Years)
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>	D	PA; SP; QL (2 caps/ day); DS (30 day supply maximum); AL (Min 18 Years)
<i>dimethyl fumarate starter pack capsule delayed release therapy pack 120 & 240 mg oral</i>	D	PA; SP; DS (30 day supply maximum); AL (Min 18 Years)
VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL	B	PA; SP; DS (30 day supply maximum)
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10 MG ORAL	C	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
<i>dalfampridine er tablet extended release 12 hour 10 mg oral</i>	A	SP; QL (2 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
<i>dalfampridine er tablet extended release 12 hour 10 mg oral</i>	A	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum); AL (Min 18 Years)
*Multiple Sclerosis Agents***		
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply maximum)
<i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i>	B	PA; SP
<i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
<i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i>	B	PA; SP
<i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i>	B	PA; SP; DS (30 day supply maximum)
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply maximum)
*Psychotherapeutic And Neurological Agents - Misc.***		
AQNEURSA PACKET 1 GM ORAL	D	PA; SP; DS (30 day supply maximum)
MIPLYFFA CAPSULE 124 MG ORAL	D	PA; SP; DS (30 day supply maximum)

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Drug	Specialty Copay Tier	Notes
MIPLYFFA CAPSULE 47 MG ORAL	D	PA; SP; DS (30 day supply maximum)
MIPLYFFA CAPSULE 62 MG ORAL	D	PA; SP; DS (30 day supply maximum)
MIPLYFFA CAPSULE 93 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i> fingolimod hcl capsule 0.5 mg oral</i>	B	PA; SP; QL (1 cap/day); DS (30 day supply maximum); AL (Min 10 Years)
GILENYA CAPSULE 0.25 MG ORAL	B	PA; SP; DS (30 day supply maximum)
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL	D	PA; SP; DS (30 day supply maximum)
MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL	D	PA; SP; DS (30 day supply maximum)
MAYZENT TABLET 0.25 MG ORAL	D	PA; SP; DS (30 day supply maximum)
MAYZENT TABLET 1 MG ORAL	D	PA; SP; DS (30 day supply maximum)
MAYZENT TABLET 2 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ORAL	D	PA; SP; DS (30 day supply maximum)
ZEPOSIA CAPSULE 0.92 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) ORAL	D	PA; SP; DS (30 day supply maximum)
Respiratory Agents - Misc.		
*Cftr Potentiators***		
KALYDECO PACKET 13.4 MG ORAL	D	PA; SP; DS (30 day supply maximum)
KALYDECO PACKET 25 MG ORAL	D	PA; SP; DS (30 day supply maximum)
KALYDECO PACKET 5.8 MG ORAL	D	PA; SP; DS (30 day supply maximum)
KALYDECO PACKET 50 MG ORAL	D	PA; SP; DS (30 day supply maximum)
KALYDECO PACKET 75 MG ORAL	D	PA; SP; DS (30 day supply maximum)
KALYDECO TABLET 150 MG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply maximum); AL (Min 6 Years)
*Cystic Fibrosis Agent - Combinations***		
ALYFTREK TABLET 10-50-125 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ALYFTREK TABLET 4-20-50 MG ORAL	D	PA; SP; DS (30 day supply maximum)
ORKAMBI PACKET 100-125 MG ORAL	C	PA; SP; DS (30 day supply maximum)
ORKAMBI PACKET 150-188 MG ORAL	C	PA; SP; DS (30 day supply maximum)
ORKAMBI PACKET 75-94 MG ORAL	C	PA; SP; DS (30 day supply maximum)
ORKAMBI TABLET 100-125 MG ORAL	C	PA; SP; DS (30 day supply maximum); AL (Min 6 Years)
ORKAMBI TABLET 200-125 MG ORAL	C	PA; SP; DS (30 day supply maximum)
SYMDEKO TABLET THERAPY PACK 100-150 & 150 MG ORAL	D	PA; SP; DS (30 day supply maximum)
SYMDEKO TABLET THERAPY PACK 50-75 & 75 MG ORAL	D	PA; SP; DS (30 day supply maximum)
TRIKAFTA TABLET THERAPY PACK 100-50-75 & 150 MG ORAL	D	PA; SP; QL (1 pack (84 tabs)/ 28 days); DS (28 day supply maximum)

Drug	Specialty Copay Tier	Notes
TRIKAFTA TABLET THERAPY PACK 50-25-37.5 & 75 MG ORAL	D	PA; SP; QL (3 tabs/ day); DS (28 day supply maximum)
TRIKAFTA THERAPY PACK 100-50-75 & 75 MG ORAL	D	SP; DS (30 day supply maximum)
TRIKAFTA THERAPY PACK 80-40-60 & 59.5 MG ORAL	D	SP; DS (30 day supply maximum)
*Dipeptidyl Peptidase 1 (Dpp1) Inhibitors***		
BRINSUPRI TABLET 10 MG ORAL	D	PA; SP; DS (30 day supply maximum)
BRINSUPRI TABLET 25 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Hydrolytic Enzymes***		
PULMOZYME SOLUTION 2.5 MG/2.5ML INHALATION	B	PA; SP; QL (72 nebs/month); DS (30 day supply maximum)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
OFEV CAPSULE 100 MG ORAL	D	PA; SP; QL (2 caps/ day); DS (30 day supply maximum)
OFEV CAPSULE 150 MG ORAL	D	PA; SP; QL (2 caps/ day); DS (30 day supply maximum)
*Pulmonary Fibrosis Agents - Phosphodiester 4 (Pde4) Inhib***		
JASCAYD TABLET 9 MG ORAL	D	PA; SP; DS (30 day supply maximum)
*Pulmonary Fibrosis Agents***		
ESBRIET CAPSULE 267 MG ORAL	D	PA; SP; QL (9 caps/ day); DS (30 day supply maximum)
<i>pirfenidone capsule 267 mg oral</i>	D	PA; SP; QL (9 caps/ day); DS (30 day supply maximum)
<i>pirfenidone tablet 267 mg oral</i>	D	PA; SP; QL (9 per day); DS (30 day supply maximum)
<i>pirfenidone tablet 534 mg oral</i>	D	PA; SP; DS (30 day supply maximum)
<i>pirfenidone tablet 801 mg oral</i>	D	PA; SP; QL (3 per day); DS (30 day supply maximum)
Vaginal And Related Products		
*Vaginal Progestins***		
CRINONE GEL 4 % VAGINAL	C	PA; SP; DS (30 day supply maximum)
CRINONE GEL 8 % VAGINAL	C	PA; SP; DS (30 day supply maximum)

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LUMRYZ STARTER PACK	37	ORENCIA	7	<i>sapropterin dihydrochloride</i>	26
LUPRON DEPOT (1-MONTH)	12	ORENCIA CLICKJECT	7	SELARSDI	20
LUPRON DEPOT (3-MONTH)	12	ORENITRAM	16	SEPHIENCE	26
LUPRON DEPOT-PED (1-		ORENITRAM MONTH 1	16	SEROSTIM	24
MONTH)	25	ORENITRAM MONTH 2	16	<i>sildenafil citrate</i>	18
LUPRON DEPOT-PED (3-		ORENITRAM MONTH 3	16	SILIQ	20
MONTH)	25	ORFADIN	24	SIMLANDI (1 PEN)	5
LUPRON DEPOT-PED (6-		ORKAMBI	41	SIMLANDI (1 SYRINGE)	5
MONTH)	25	ORLADEYO	32	SIMLANDI (2 PEN)	5
MAVENCLAD (10 TABS)	39	ORLYNVAH	11	SIMLANDI (2 SYRINGE)	6
MAVENCLAD (4 TABS)	39	ORMALVI	22	SIMPONI	6
MAVENCLAD (5 TABS)	39	OSPOMYV	26	SIRTURO	11
MAVENCLAD (6 TABS)	39	OTEZLA	6	SKYRIZI	20, 29
MAVENCLAD (7 TABS)	39	OTEZLA XR	6	SKYRIZI PEN	20
MAVENCLAD (8 TABS)	39	OTEZLA/OTEZLA XR INITIATION		<i>sodium oxybate</i>	37
MAVENCLAD (9 TABS)	39	PK	7	<i>sodium phenylbutyrate</i>	28
MAVYRET	16	OXERVATE	37	<i>sofosbuvir-velpatasvir</i>	16
MAYZENT	41	PALSONIFY	28	SOHONOS	36
MAYZENT STARTER PACK	41	PANRETIN	19	SOMAVERT	23
<i>mesna</i>	12	PEGASYS	16	SOVALDI	16
MESNEX	12	<i>pentamidine isethionate</i>	11	SPEVIGO	20
<i>methoxsalen rapid</i>	20	PERSERIS	13	SPRYCEL	11, 12
METOPIRONE	21	<i>phenoxybenzamine hcl</i>	10	STARJEMZA	20
<i>metyrosine</i>	10	PHYRAGO	11	STOBOCLO	26
MIEBO	37	<i>pirfenidone</i>	42	STRENSIQ	25
<i>mifepristone</i>	9	<i>pretomanid</i>	11	SUCRAID	21
<i>miglustat</i>	32	PREVYMIS	15	SUNLENCA	15
MIGRANAL	35	PROLIA	26	SYMDEKO	41
MIPLYFFA	40, 41	PROMACTA	34	SYNAGIS	37
MULPLETA	34	PULMOZYME	42	SYNAREL	25
MYALEPT	25	PYQUVI	19	<i>tadalafil (pah)</i>	18
NEBUPENT	11	<i>pyrimethamine</i>	11	TAKHZYRO	32
NEMLUVIO	21	PYRUKYND	32	TALTZ	20
NEORAL	35	PYRUKYND TAPER PACK	32	TARGRETIN	21
NEULASTA	33	QFITLIA	30	<i>tasimelteon</i>	34

TAVALISSE	32	XELJANZ XR	4
TEGSEDI	38	XERMELO	29
<i>teriflunomide</i>	39	XOLAIR	7, 8
<i>teriparatide</i>	26	XOLREMDI	32
<i>tetrabenazine</i>	38, 39	XPHOZAH	22
TEZSPIRE	8	XURIDEN	24
THIOLA	30	XYREM	37
THIOLA EC	30	XYWAV	37
<i>tiopronin</i>	30	YARGESA	32
TOBI PODHALER	4	YESINTEK	20, 21
<i>tobramycin</i>	4	YEZTUGO	15
<i>tolvaptan</i>	27	YORVIPATH	25
TRACLEER	18	YUTREPIA	17
TREMFYA	20, 29	ZARXIO	33
TREMFYA ONE-PRESS	20	ZAVZPRET	34
TREMFYA PEN	20, 29	ZELSUVMI	21
TREMFYA-CD/UC INDUCTION	29	ZEPATIER	16
<i>trientine hcl</i>	35	ZEPOSIA	41
TRIKAFTA	41, 42	ZEPOSIA 7-DAY STARTER PACK	41
TRYNGOLZA	26	ZEPOSIA STARTER KIT	41
TYENNE	6	ZILBRYSQ	31
TYMLOS	26	<i>ziprasidone mesylate</i>	12
TYVASO	17	ZOKINVY	36
TYVASO DPI INSTITUTIONAL KIT	16	ZORBTIVE	24
TYVASO DPI MAINTENANCE KIT	17	ZORTRESS	36
TYVASO DPI TITRATION KIT	17	ZTALMY	8
UBRELVY	34	ZURZUVAE	8, 9
UPTRAVI	18	ZYMFENTRA (1 PEN)	30
UPTRAVI TITRATION	18	ZYMFENTRA (2 PEN)	30
<i>ustekinumab-aauz</i>	20	ZYMFENTRA (2 SYRINGE)	30
VAFSEO	33	ZYPREXA RELPREVV	14, 15
VALCHLOR	19		
<i>valganciclovir hcl</i>	15		
VANRAFIA	30		
VELSIPITY	29		
VENTAVIS	17		
VENXXIVA	30		
<i>vigabatrin</i>	8		
VIGADRONE	8		
VIGAFYDE	8		
VIGPODER	8		
VIJOICE	36		
VISTOGARD	10		
VIVITROL	10		
VOSEVI	16		
VOXZOGO	26		
VOYDEYA	31		
VUMERITY	40		
VYALEV	12		
VYKAT XR	22		
VYNDAMAX	19		
VYNDAQEL	19		
VYVGART HYTRULO	36		
WAINUA	38		
WAKIX	4		
WAYRILZ	31		
WINREVAIR	17		
XDEMZY	37		
XELJANZ	4		

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