

Pharmacy Benefit Specialty Medication List

OPEN Drug List

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

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

How Do I Know If This List Applies to Me?

This list applies to the following plans:

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

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

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

This list does not apply to the following plans:

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

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

Filling specialty medications covered under the pharmacy benefit

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

Requesting Prior Authorization

For most members, BCBSAZ 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 BCBSAZ 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 BCBSAZ members, specialty copay tiers (A, B, C, or D) apply.

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

Plans may include specialty medications at varying cost share tiers.

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
BCBSAZ	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday

Specialty Medication List

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Drug	Specialty Copay Tier	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant		
*Histamine H3-Receptor Antagonist/Inverse Agonists***		
WAKIX ORAL TABLET	D	PA; SP; DS (30 day supply max)
Aminoglycosides		
*Aminoglycosides***		
ARIKAYCE INHALATION SUSPENSION	D	PA; SP; DS (30 day supply max)
BETHKIS INHALATION NEBULIZATION SOLUTION	B	PA; SP; DS (30 day supply max)
HUMATIN ORAL CAPSULE	C	PA; SP; DS (30 day supply max)
KITABIS PAK INHALATION NEBULIZATION SOLUTION	C	PA; SP; DS (30 day supply max)
TOBI INHALATION NEBULIZATION SOLUTION	C	PA; SP; DS (30 day supply max)
TOBI PODHALER INHALATION CAPSULE	D	PA; SP; DS (30 day supply max)
<i>tobramycin inhalation nebulization solution</i>	B	SP; DS (30 day supply max)
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
OLUMIANT ORAL TABLET	D	PA; SP; DS (30 day supply max)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	B	PA; SP; DS (30 day supply max)
XELJANZ ORAL SOLUTION	B	PA; SP; QL (10ml per day); DS (30 day supply max); AL (Max 18 Years)
XELJANZ ORAL TABLET	B	PA; SP; DS (30 day supply max)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	B	PA; SP; DS (30 day supply max)
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; SP; DS (30 day supply max)
ABRILADA SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; SP; DS (30 day supply max)
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit</i>	D	PA; SP
<i>adalimumab-aacf subcutaneous auto-injector kit</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adaz subcutaneous solution prefilled syringe</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm subcutaneous auto-injector kit 40 mg/0.8ml</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm subcutaneous prefilled syringe kit</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm(cdlucl/hs strt) subcutaneous auto-injector kit</i>	B	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-fkjp subcutaneous auto-injector kit</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-fkjp subcutaneous prefilled syringe kit</i>	D	PA; SP; DS (30 day supply max)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	D	PA; DS (30 day supply max)
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	B	PA; SP; DS (30 day supply max)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; SP; DS (30 day supply max)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	B	PA; SP; DS (30 day supply max)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	B	PA; SP; DS (30 day supply max)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; DS (30 day supply max)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; SP; DS (30 day supply max)
HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; SP; DS (30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	B	PA; SP; QL (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	B	PA; SP; DS (30 day supply max)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	B	PA; SP; QL (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	B	PA; SP; DS (30 day supply max)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	B	PA; SP; DS (30 day supply max)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	B	PA; SP; DS (30 day supply max)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	B	PA; SP; DS (30 day supply max)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	B	PA; SP; QL (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; SP; DS (30 day supply max)
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; SP; DS (30 day supply max)

Drug	Specialty Copay Tier	Notes
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT	B	PA; SP; QL (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded); DS (30 day supply max)
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	B	PA; SP; DS (30 day supply max)
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	B	PA; SP; DS (30 day supply max)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; SP; DS (30 day supply max)
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; DS (30 day supply max)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; DS (30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; DS (30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; SP; DS (30 day supply max)
YUFLYMA SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	D	PA; SP; DS (30 day supply max)
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; SP; DS (30 day supply max)
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR	D	PA; SP; DS (30 day supply max)
*Interleukin-1 Receptor Antagonist (Il-1Ra)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
*Interleukin-1Beta Blockers***		
ILARIS SUBCUTANEOUS SOLUTION	D	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
*Interleukin-6 Receptor Inhibitors***		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	C	PA; SP; DS (30 day supply max)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	C	PA; SP; DS (30 day supply max)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
COXANTO ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
<i>indomethacin oral suspension</i>	D	PA; SP; DS (30 day supply max)
<i>oxaprozin oral capsule</i>	D	PA; SP; DS (30 day supply max)
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET	B	PA; SP; DS (30 day supply max); AL (Min 18 Years)
OTEZLA ORAL TABLET THERAPY PACK	B	PA; SP; DS (30 day supply max); AL (Min 18 Years)
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	C	PA; SP; DS (30 day supply max)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	C	PA; SP; DS (30 day supply max)
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	B	PA; SP; QL (4ml per 28 days); DS (30 day supply max)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	B	PA; SP; QL (4ml per 28 days); DS (30 day supply max)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; QL (4ml per 28 days); DS (30 day supply max)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; QL (4ml per 28 days); DS (30 day supply max)
Androgens-Anabolic		
*Androgens***		
<i>methyltestosterone oral capsule</i>	C	PA; SP; DS (30 day supply max)
Antiarrhythmics		
*Antiarrhythmics Type Iii***		
<i>dofetilide oral capsule</i>	A	SP; QL (2 capsules per day); DS (30 day supply max)
TIKOSYN ORAL CAPSULE	C	SP; QL (2 capsules per day); DS (30 day supply max)

Drug	Specialty Copay Tier	Notes
Antiasthmatic And Bronchodilator Agents		
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; DS (30 day supply max)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	B	PA; SP; DS (30 day supply max)
*Interleukin-5 Antagonists (Igg1 Kappa)***		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; DS (30 day supply max)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; SP; DS (30 day supply max)
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
Anticonvulsants		
*Anticonvulsants - Misc.***		
DIACOMIT ORAL CAPSULE	C	PA; SP; DS (30 day supply max)
DIACOMIT ORAL PACKET	C	PA; SP; DS (30 day supply max)
FINTEPLA ORAL SOLUTION	C	PA; SP; DS (30 day supply max)
ZTALMY ORAL SUSPENSION	D	PA; SP; DS (30 day supply max)
*Gaba Modulators***		
SABRIL ORAL PACKET	B	PA; SP; DS (30 day supply max)
SABRIL ORAL TABLET	B	PA; SP; DS (30 day supply max)
<i>vigabatrin oral packet</i>	B	PA; SP; DS (30 day supply max)
<i>vigabatrin oral tablet</i>	B	PA; SP; DS (30 day supply max)
VIGADRONE ORAL PACKET	B	PA; SP; DS (30 day supply max)
VIGADRONE ORAL TABLET	B	PA; SP; DS (30 day supply max)
VIGODER ORAL PACKET	B	PA; SP; DS (30 day supply max)
Antidepressants		
*Gaba Receptor Modulator - Neuroactive Steroid***		
ZURZUVAE ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR	D	SP; QL (1 patch per day); DS (30 day supply max); AL (Min 16 Years)
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR, 9 MG/24HR	D	SP; DS (30 day supply max); AL (Min 16 Years)
Antidiabetics		
*Progesterone Receptor Antagonists***		
KORLYM ORAL TABLET	D	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
<i>mifepristone oral tablet 300 mg</i>	D	PA; SP; DS (30 day supply max)
Antidotes And Specific Antagonists		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE	C	PA; SP; DS (30 day supply max)
<i>deferasirox granules oral packet</i>	D	PA; SP; DS (30 day supply max)
<i>deferasirox oral packet</i>	D	PA; SP; DS (30 day supply max)
<i>deferasirox oral tablet</i>	D	PA; SP; DS (30 day supply max)
<i>deferasirox oral tablet soluble</i>	D	PA; SP; DS (30 day supply max)
<i>deferiprone oral tablet</i>	D	PA; SP; DS (30 day supply max)
EXJADE ORAL TABLET SOLUBLE	D	PA; SP; DS (30 day supply max)
FERRIPROX ORAL SOLUTION	D	PA; SP; DS (30 day supply max)
FERRIPROX ORAL TABLET	D	PA; SP; DS (30 day supply max)
FERRIPROX TWICE-A-DAY ORAL TABLET	D	PA; SP; DS (30 day supply max)
JADENU ORAL TABLET	D	PA; SP; DS (30 day supply max)
JADENU SPRINKLE ORAL PACKET	D	PA; SP; DS (30 day supply max)
*Opioid Antagonists***		
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	B	SP; DS (30 day supply max)
Antifungals		
*Tetrazoles***		
VIVJOA ORAL CAPSULE THERAPY PACK	D	SP; QL (1 fill in 1 year); DS (84 day supply min / 90 day supply max); ST (Step Therapy required: 1 fill in the last 10 days - Fluconazole)
*Triazoles***		
CRESEMBA ORAL CAPSULE	D	PA; DS (30 day supply max)
Antihyperlipidemics		
*Microsomal Triglyceride Transfer Protein Inhibitors***		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	D	PA; SP; DS (30 day supply max)
*Pcsk9 Inhibitors***		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; DS (30 day supply max); AL (Min 18 Years)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	B	PA; SP; QL (1 cartridge per 28 days); DS (30 day supply max); AL (Min 13 Years)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; QL (2 syringes per month); DS (30 day supply max); AL (Min 13 Years)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; QL (2 pens per month); DS (30 day supply max); AL (Min 13 Years)
Antihypertensives		
*Agents For Pheochromocytoma***		
DEMSER ORAL CAPSULE	D	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
DIBENZYLINE ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
<i>metirosine oral capsule</i>	D	PA; SP; DS (30 day supply max)
<i>phenoxybenzamine hcl oral capsule</i>	D	PA; SP; DS (30 day supply max)
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.**		
IMPAVIDO ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
NEBUPENT INHALATION SOLUTION RECONSTITUTED	B	SP; DS (30 day supply max)
<i>pentamidine isethionate inhalation solution reconstituted</i>	B	SP; DS (30 day supply max)
*Monobactams**		
CAYSTON INHALATION SOLUTION RECONSTITUTED	C	PA; SP; DS (30 day supply max)
Antimalarials		
*Antimalarials**		
DARAPRIM ORAL TABLET	D	PA; SP; DS (30 day supply max)
<i>pyrimethamine oral tablet</i>	D	PA; SP; DS (30 day supply max)
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents**		
FIRDAPSE ORAL TABLET	D	PA; SP; DS (30 day supply max)
Antimycobacterial Agents		
*Antimycobacterial Agents**		
<i>cycloserine oral capsule</i>	C	PA; SP; DS (30 day supply max)
<i>pretomanid oral tablet</i>	C	PA; SP; DS (30 day supply max)
SIRTURO ORAL TABLET	D	PA; SP; DS (30 day supply max)
Antineoplastics And Adjunctive Therapies		
*Antineoplastic - Gamma Secretase Inhibitors**		
OGSIVEO ORAL TABLET 100 MG, 150 MG	B	PA; DS (30 day supply max)
*Lhrh Analogs**		
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	D	PA; SP; QL (1 injection per month (FDA approved only for Endometriosis and Fibroids)); DS (30 day supply max); F
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	D	PA; SP; QL (1 injection per 90 days (FDA approved only for Endometriosis and Fibroids)); DS (84 day supply min / 90 day supply max); F
*Urinary Tract Protective Agents**		
MESNEX ORAL TABLET	C	SP; DS (30 day supply max)
Antiparkinson And Related Therapy Agents		
*Antiparkinson Monoamine Oxidase Inhibitors**		
AZILECT ORAL TABLET	C	SP; DS (30 day supply max)
<i>rasagiline mesylate oral tablet</i>	A	SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	D	PA; SP; DS (30 day supply max)
<i>apomorphine hcl subcutaneous solution cartridge</i>	D	PA; SP; DS (30 day supply max)
NEUPRO TRANSDERMAL PATCH 24 HOUR	C	SP; DS (30 day supply max)
Antipsychotics/Antimanic Agents		
*Antipsychotics - Misc.***		
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	B	PA; SP; DS (30 day supply max)
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	A	PA; SP; DS (30 day supply max)
*Benzisoxazoles***		
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	C	PA; SP; DS (30 day supply max)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	B	PA; SP; DS (30 day supply max)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	B	PA; SP
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	B	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	B	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
<i>risperidone er intramuscular suspension reconstituted er</i>	B	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
<i>risperidone microspheres er intramuscular suspension reconstituted er</i>	B	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	B	PA; SP; DS (30 day supply max)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
*Quinolinone Derivatives***		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	B	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	B	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	B	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	C	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	C	PA; SP; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
*Thienbenzodiazepines***		
<i>olanzapine intramuscular solution reconstituted</i>	A	PA; SP; DS (30 day supply max)

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

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Drug	Specialty Copay Tier	Notes
<i>sofosbuvir-velpatasvir oral tablet</i>	B	PA; SP; QL (1 tablet per day); DS (30 day supply max)
VOSEVI ORAL TABLET	D	PA; SP; DS (30 day supply max)
ZEPATIER ORAL TABLET	D	PA; SP; DS (30 day supply max)
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	B	SP; DS (30 day supply max)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	SP; DS (30 day supply max)
<i>ribavirin oral capsule</i>	A	SP; DS (30 day supply max)
<i>ribavirin oral tablet 200 mg</i>	A	SP; DS (30 day supply max)
SOVALDI ORAL PACKET	D	PA; SP; DS (30 day supply max)
SOVALDI ORAL TABLET	D	PA; SP; DS (30 day supply max)
Cardiovascular Agents - Misc.		
*Cardiac Myosin Inhibitors***		
CAMZYOS ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
*Pde Inhibitor-Endothelin Receptor Antagonist Combinations***		
OPSYNVI ORAL TABLET	D	PA; SP; DS (30 day supply max)
*Prostaglandin Vasodilators***		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	D	PA; SP; DS (30 day supply max)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	D	PA; SP; DS (30 day supply max)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	D	PA; SP; DS (30 day supply max)
ORENITRAM ORAL TABLET EXTENDED RELEASE	D	PA; SP; DS (30 day supply max)
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER	D	PA; SP; DS (30 day supply max)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	D	PA; SP; DS (30 day supply max)
TYVASO DPI TITRATION KIT INHALATION POWDER	D	PA; SP; DS (30 day supply max)
TYVASO INHALATION SOLUTION	D	PA; SP; DS (30 day supply max)
TYVASO REFILL INHALATION SOLUTION	D	PA; SP; DS (30 day supply max)
TYVASO STARTER INHALATION SOLUTION	D	PA; SP; DS (30 day supply max)
VENTAVIS INHALATION SOLUTION	D	PA; SP; DS (30 day supply max)
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS ORAL TABLET	D	PA; SP; DS (30 day supply max); AL (Min 18 Years)

Drug	Specialty Copay Tier	Notes
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet</i>	A	PA; SP; QL (1 tablet per day); DS (30 day supply max); AL (Min 18 Years)
<i>bosentan oral tablet</i>	D	PA; SP; DS (30 day supply max)
LETAIRIS ORAL TABLET	D	PA; SP; QL (1 tablet per day); DS (30 day supply max); AL (Min 18 Years)
OPSUMIT ORAL TABLET	D	PA; SP; DS (30 day supply max)
TRACLEER ORAL TABLET	D	PA; SP; DS (30 day supply max)
TRACLEER ORAL TABLET SOLUBLE	D	PA; SP; DS (30 day supply max)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ADCIRCA ORAL TABLET	D	PA; SP; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
ALYQ ORAL TABLET	C	PA; SP; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
LIQREV ORAL SUSPENSION	Not Covered	DS (30 day supply max)
REVATIO ORAL SUSPENSION RECONSTITUTED	D	PA; SP; QL (6 ml per day); DS (30 day supply max); AL (Min 18 Years)
REVATIO ORAL TABLET	D	PA; SP; QL (3 tablets per day); DS (30 day supply max); AL (Min 18 Years)
<i>sildenafil citrate oral suspension reconstituted</i>	C	SP; QL (6 ml per day); DS (30 day supply max); ST (Step Therapy required: trial of one 30 day supply fill of sildenafil citrate 20mg tablet in last 6 months); AL (Min 18 Years)
<i>sildenafil citrate oral tablet 20 mg</i>	A	SP; QL (3 tablets per day); DS (30 day supply max); AL (Min 18 Years)
<i>tadalafil (pah) oral tablet</i>	C	PA; SP; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
TADLIQ ORAL SUSPENSION	D	PA; SP; DS (30 day supply max)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI ORAL TABLET	D	PA; SP; DS (30 day supply max); AL (Min 18 Years)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	D	PA; SP; DS (30 day supply max); AL (Min 18 Years)
*Transthyretin Stabilizers***		
VYNDAMAX ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
VYNDAQEL ORAL CAPSULE	D	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)

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Drug	Specialty Copay Tier	Notes
Corticosteroids		
*Glucocorticosteroids***		
AGAMREE ORAL SUSPENSION	D	PA; SP; DS (30 day supply max)
EOHILIA ORAL SUSPENSION	D	PA; SP; DS (30 day supply max)
TARPEYO ORAL CAPSULE DELAYED RELEASE	D	PA; SP; DS (30 day supply max)
Dermatologicals		
*Alopecia Agents - Janus Kinus (Jak) Inhibitors***		
LITFULO ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
*Antipsoriatics - Systemic***		
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	D	PA; SP; DS (30 day supply max)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
<i>methoxsalen rapid oral capsule</i>	C	SP; QL (1 capsule per day); DS (30 day supply max); AL (Min 18 Years)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; DS (30 day supply max)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
SOTYKTU ORAL TABLET	D	PA; SP; DS (30 day supply max)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	B	PA; SP; DS (30 day supply max)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	C	PA; SP; DS (30 day supply max)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	C	PA; SP; DS (30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; SP; DS (30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
*Antipsoriatics***		
<i>calcipotriene external foam</i>	Not Covered	QL (80gm per month); AL (Min 18 Years)
SORILUX EXTERNAL FOAM	Not Covered	QL (80gm per month); AL (Min 18 Years)

Drug	Specialty Copay Tier	Notes
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***		
CIBINQO ORAL TABLET	D	PA; SP; DS (30 day supply max)
OPZELURA EXTERNAL CREAM	D	PA; SP; QL (60 grams); DS (30 day supply max)
*Atopic Dermatitis - Monoclonal Antibodies***		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; SP; DS (30 day supply max)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
*Macrolide Immunosuppressants - Topical***		
HYFTOR EXTERNAL GEL	D	PA; SP; DS (30 day supply max)
*Wound Dressings***		
FILSUEVZ EXTERNAL GEL	D	PA; DS (30 day supply max)
Diagnostic Products		
*Diagnostic Drugs***		
METOPIRONE ORAL CAPSULE	B	PA; DS (30 day supply max)
Digestive Aids		
*Digestive Enzymes***		
SUCRAID ORAL SOLUTION	D	PA; SP; DS (30 day supply max)
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>dichlorphenamide oral tablet</i>	C	PA; SP; QL (4 tablets per day); DS (30 day supply max); AL (Min 18 Years)
KEVEYIS ORAL TABLET	D	PA; SP; QL (4 tablets per day); DS (30 day supply max); AL (Min 18 Years)
ORMALVI ORAL TABLET	C	PA; SP; QL (4 tablets per day); DS (30 day supply max); AL (Min 18 Years)
Endocrine And Metabolic Agents - Misc.		
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet</i>	C	SP; DS (30 day supply max)
SENSIPAR ORAL TABLET	C	SP; DS (30 day supply max)
*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***		
XPHOZAH ORAL TABLET	D	PA; SP; DS (30 day supply max)
*Corticotropin***		
ACTHAR INJECTION GEL	C	PA; SP; DS (30 day supply max)
CORTROPHIN INJECTION GEL	C	PA; SP; DS (30 day supply max)
*Cortisol Synthesis Inhibitors***		
ISTURISA ORAL TABLET 1 MG, 5 MG	C	PA; SP; DS (30 day supply max)
RECORLEV ORAL TABLET	D	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
*Fabry Disease - Agents***		
GALAFOLD ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	C	PA; SP; DS (30 day supply max)
*Growth Hormone Releasing Hormones (Ghrh)***		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; SP; DS (30 day supply max)
*Growth Hormones***		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	D	PA; SP; DS (30 day supply max)
HUMATROPE INJECTION CARTRIDGE	D	PA; SP; DS (30 day supply max)
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR	D	PA; SP; DS (30 day supply max)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; SP; DS (30 day supply max)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; SP; DS (30 day supply max)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; SP; DS (30 day supply max)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; SP; DS (30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	D	PA; SP; DS (30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; SP; DS (30 day supply max)
SAIZEN INJECTION SOLUTION RECONSTITUTED	D	PA; SP; DS (30 day supply max)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	B	PA; SP; DS (30 day supply max)
SKYTROFA SUBCUTANEOUS CARTRIDGE	D	PA; SP; DS (30 day supply max)
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	D	PA; SP; DS (30 day supply max)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; SP; DS (30 day supply max)
ZORBITIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	C	PA; SP; DS (30 day supply max)
*Hereditary Orotic Aciduria Treatment - Agents**		
XURIDEN ORAL PACKET	D	PA; SP; DS (30 day supply max)
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
<i>nitisinone oral capsule</i>	D	PA; SP; DS (30 day supply max)
NITYR ORAL TABLET	D	PA; SP; DS (30 day supply max)
ORFADIN ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
ORFADIN ORAL SUSPENSION	D	PA; SP; DS (30 day supply max)
*Homocystinuria Treatment - Agents***		
<i>betaine oral powder</i>	C	SP; DS (30 day supply max)
CYSTADANE ORAL POWDER	C	SP; DS (30 day supply max)

Drug	Specialty Copay Tier	Notes
*Hyperammonemia Treatment - Agents***		
CARBAGLU ORAL TABLET SOLUBLE	D	PA; SP; DS (30 day supply max)
<i>carglumic acid oral tablet soluble</i>	D	PA; SP; DS (30 day supply max)
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>doxercalciferol oral capsule</i>	C	SP; DS (30 day supply max)
*Hypophosphatasia (Hpp) Agents***		
STRENSIQ SUBCUTANEOUS SOLUTION	D	PA; SP; DS (30 day supply max)
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS SOLUTION	D	PA; SP; DS (30 day supply max)
*Leptin Analogues***		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; SP; DS (30 day supply max)
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	D	PA; SP; QL (1 injection per month (FDA approved only for Central Precocious Puberty [CPP])); DS (30 day supply max)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	D	PA; SP; QL (1 injection per 90 days (FDA approved only for Central Precocious Puberty [CPP])); DS (84 day supply min / 90 day supply max)
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT	D	PA; SP; QL (1 injection per 180 days (FDA approved only for Central Precocious Puberty (CPP)); DS (172 day supply min / 180 day supply max)
SYNAREL NASAL SOLUTION	C	PA; SP; DS (30 day supply max)
*Natriuretic Peptides***		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; SP; DS (30 day supply max)
*Parathyroid Hormone And Derivatives***		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	D	PA; SP; DS (30 day supply max)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml</i>	D	PA; SP; DS (30 day supply max)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	B	PA; SP; DS (30 day supply max)
<i>teriparatide subcutaneous solution pen-injector</i>	D	PA; SP; DS (30 day supply max)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; SP; DS (30 day supply max)
*Phenylketonuria Treatment - Agents***		
JAVYGTOR ORAL PACKET	D	PA; SP; DS (30 day supply max)
JAVYGTOR ORAL TABLET	D	PA; SP; DS (30 day supply max)
KUVAN ORAL PACKET	D	PA; SP; DS (30 day supply max)
KUVAN ORAL TABLET	D	PA; SP; DS (30 day supply max)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	C	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
<i>sapropterin dihydrochloride oral packet</i>	D	PA; SP; DS (30 day supply max)
<i>sapropterin dihydrochloride oral tablet</i>	D	PA; SP; DS (30 day supply max)
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; QL (1 prefilled syringe per 180 days; x6 copay applies); DS (167 day supply min / 180 day supply max); AL (Min 18 Years)
*Selective Vasopressin V2-Receptor Antagonists***		
JYNARQUE ORAL TABLET	C	PA; SP; DS (30 day supply max)
JYNARQUE ORAL TABLET THERAPY PACK	C	PA; SP; DS (30 day supply max)
SAMSCA ORAL TABLET	C	PA; SP; DS (30 day supply max)
<i>tolvaptan oral tablet</i>	C	PA; SP; DS (30 day supply max)
*Somatostatic Agents***		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	D	PA; SP; DS (30 day supply max)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	A	PA; SP; DS (30 day supply max)
<i>octreotide acetate subcutaneous solution prefilled syringe</i>	A	PA; SP; DS (30 day supply max)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	D	PA; SP; DS (30 day supply max)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	D	PA; SP; DS (30 day supply max)
*Urea Cycle Disorder - Agents***		
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	D	PA; SP; DS (30 day supply max)
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	D	PA; SP; DS (30 day supply max)
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	D	PA; SP; DS (30 day supply max)
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	D	PA; SP; DS (30 day supply max)
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	D	PA; SP; DS (30 day supply max)
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	D	PA; SP; DS (30 day supply max)
RAVICTI ORAL LIQUID	D	PA; SP; DS (30 day supply max)
<i>sodium phenylbutyrate oral powder 3 gml tsp</i>	A	SP; DS (30 day supply max)
<i>sodium phenylbutyrate oral tablet</i>	B	SP; DS (30 day supply max)
Gastrointestinal Agents - Misc.		
*Bile Acid Synthesis Disorder Agents***		
CHOLBAM ORAL CAPSULE	C	PA; SP; DS (30 day supply max)
*Farnesoid X Receptor (Fxr) Agonists***		
OCALIVA ORAL TABLET	D	PA; SP; DS (30 day supply max)
*Glucagon-Like Peptide-2 (Glp-2) Analogs***		
GATTEX SUBCUTANEOUS KIT	D	PA; SP; DS (30 day supply max)
*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***		
REZDIFFRA ORAL TABLET	D	PA; SP; DS (30 day supply max)

Drug	Specialty Copay Tier	Notes
*Ileal Bile Acid Transporter (Ibat) Inhibitors***		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	D	PA; SP; DS (30 day supply max)
BYLVAY ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
LIVMARLI ORAL SOLUTION	D	PA; SP; DS (30 day supply max)
*Integrin Receptor Antagonists***		
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR	C	PA; SP; DS (30 day supply max)
*Interleukin Antagonists***		
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	B	PA; SP; DS (30 day supply max)
*Live Fecal Microbiota (Human)**		
VOWST ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
*Peripheral Opioid Receptor Antagonists***		
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	C	PA; SP; DS (30 day supply max)
*Phosphate Binder Agents***		
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	D	SP; DS (30 day supply max); AL (Min 16 Years)
<i>lanthanum carbonate oral tablet chewable</i>	B	SP; DS (30 day supply max); AL (Min 16 Years)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***		
VELSIPITY ORAL TABLET	D	PA; DS (30 day supply max)
*Tryptophan Hydroxylase Inhibitors***		
XERMELO ORAL TABLET	D	PA; SP; DS (30 day supply max)
*Tumor Necrosis Factor Alpha Blockers***		
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; SP; DS (30 day supply max)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; SP; DS (30 day supply max)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	B	PA; SP; DS (30 day supply max)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	B	PA; SP; DS (30 day supply max)
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; DS (30 day supply max)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	D	PA; DS (30 day supply max)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	D	PA; DS (30 day supply max)
Genitourinary Agents - Miscellaneous		
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE	C	SP; DS (30 day supply max)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	C	PA; SP; DS (30 day supply max)
PROCYSBI ORAL PACKET	C	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
*Igan Agents - Endothelin & Angiotensin II Receptor Antag***		
FILSPARI ORAL TABLET	D	PA; SP; DS (30 day supply max)
*Small Interfering Ribonucleic Acid Agents (Sirna)***		
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
*Urinary Stone Agents***		
<i>tiopronin oral tablet delayed release</i>	D	PA; DS (30 day supply max)
Hematological Agents - Misc.		
*Anti-Von Willebrand Factor Agents***		
CABLIVI INJECTION KIT	A	PA; SP; DS (30 day supply max)
*Bradykinin B2 Receptor Antagonists***		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	D	PA; SP; DS (30 day supply max)
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
*C1 Esterase Inhibitors***		
BERINERT INTRAVENOUS KIT	D	PA; SP; DS (30 day supply max)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	D	PA; SP; DS (30 day supply max)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; SP; DS (30 day supply max)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	D	PA; SP; DS (30 day supply max)
*Complement C3 Inhibitors***		
EMPAVELI SUBCUTANEOUS SOLUTION	D	PA; SP; DS (30 day supply max)
*Complement C5 Inhibitors***		
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
*Complement C5a Receptor Inhibitors***		
TAVNEOS ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
*Complement Factor B Inhibitors***		
FABHALTA ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
*Complement Factor D Inhibitors***		
VOYDEYA ORAL TABLET	D	PA; SP; DS (30 day supply max)
VOYDEYA ORAL TABLET THERAPY PACK	D	PA; SP; DS (30 day supply max)
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SUBCUTANEOUS SOLUTION	D	PA; SP; DS (30 day supply max)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
*Plasma Kallikrein Inhibitors***		
KALBITOR SUBCUTANEOUS SOLUTION	D	PA; SP; DS (30 day supply max)
ORLADEYO ORAL CAPSULE	D	PA; SP; DS (30 day supply max)

Drug	Specialty Copay Tier	Notes
*Pyruvate Kinase Activators***		
PYRUKYND ORAL TABLET	D	PA; SP; DS (30 day supply max)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	D	PA; SP; DS (30 day supply max)
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE ORAL TABLET	C	PA; SP; DS (30 day supply max)
Hematopoietic Agents		
*Agents For Gaucher Disease***		
CERDELGA ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
<i>miglustat oral capsule</i>	D	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
YARGESA ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
ZAVESCA ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE	B	SP; QL (1 capsule per day); DS (30 day supply max); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - Siklos 100mg or 1000mg tab AND hydroxyurea 500mg cap); AL (Min 18 Years)
SIKLOS ORAL TABLET	B	SP; DS (30 day supply max); AL (Min 2 Years and Max 17 Years)
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; QL (0.086 ml per day); DS (14 day supply max)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	C	PA; SP; QL (2 syringes per 14 days); DS (14 day supply max)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	C	PA; SP; QL (2 syringes per 14 days); DS (14 day supply max)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	C	PA; SP; QL (10ml); DS (8 day supply min / 10 day supply max)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML	C	PA; SP; QL (16ml); DS (8 day supply min / 10 day supply max)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	C	PA; SP; QL (5ml); DS (8 day supply min / 10 day supply max)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	C	PA; SP; QL (8ml); DS (8 day supply min / 10 day supply max)
NIVESTYM INJECTION SOLUTION 300 MCG/ML	B	PA; SP; QL (1ml per day); DS (8 day supply min / 10 day supply max)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	B	PA; SP; QL (1.6ml per day); DS (8 day supply min / 10 day supply max)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	B	PA; SP; QL (0.5ml per day); DS (8 day supply min / 10 day supply max)

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Drug	Specialty Copay Tier	Notes
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	B	PA; SP; QL (0.8ml per day); DS (8 day supply min / 10 day supply max)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	SP; DS (30 day supply max)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	D	SP; QL (0.5ml per day); DS (10 day supply max)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	D	SP; QL (0.8ml per day); DS (10 day supply max)
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***		
LEUKINE INJECTION SOLUTION RECONSTITUTED	D	SP; DS (30 day supply max)
*Hemoglobin S (Hbs) Polymerization Inhibitors***		
OXBRYTA ORAL TABLET 500 MG	D	PA; SP; DS (30 day supply max)
OXBRYTA ORAL TABLET SOLUBLE	D	PA; SP; DS (30 day supply max)
*Thrombopoietin (Tpo) Receptor Agonists***		
ALVAIZ ORAL TABLET	D	PA; SP; DS (30 day supply max)
DOPTELET ORAL TABLET 20 MG	C	PA; SP; DS (30 day supply max)
MULPLETA ORAL TABLET	C	PA; SP; DS (30 day supply max)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; SP; DS (30 day supply max)
PROMACTA ORAL PACKET	C	PA; SP; DS (30 day supply max)
PROMACTA ORAL TABLET	C	PA; SP; DS (30 day supply max)
Hypnotics/Sedatives/Sleep Disorder Agents		
*Selective Melatonin Receptor Agonists***		
HETLIOZ LQ ORAL SUSPENSION	D	PA; SP; DS (30 day supply max)
HETLIOZ ORAL CAPSULE	D	PA; SP; DS (30 day supply max); AL (Min 18 Years)
<i>tasimelteon oral capsule</i>	D	PA; SP; DS (30 day supply max); AL (Min 18 Years)
Migraine Products		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
NURTEC ORAL TABLET DISPERSIBLE	C	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
QULIPTA ORAL TABLET	D	PA; QL (Specialty copay. May have retail distribution.); DS (30 day supply max)
UBRELVY ORAL TABLET	D	PA; QL (16 tablets per 30 days); DS (30 day supply max)
ZAVZPRET NASAL SOLUTION	D	PA; DS (30 day supply max)
*Cgrp Receptor Antagonists - Monocolonal Antibodies***		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; QL (0.05ml per day); DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; QL (0.05ml per day); DS (30 day supply max)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; DS (30 day supply max)
*Migraine Products***		
<i>dihydroergotamine mesylate injection solution</i>	C	PA; SP; DS (30 day supply max)
<i>dihydroergotamine mesylate nasal solution</i>	D	PA; SP; QL (16 vials per month); DS (30 day supply max)
MIGRANAL NASAL SOLUTION	C	PA; SP; QL (16 vials per month); DS (30 day supply max)
TRUDHESA NASAL AEROSOL SOLUTION	D	PA; DS (30 day supply max)
*Selective Serotonin Agonists 5-Ht(1F)***		
REYVOW ORAL TABLET	D	PA; QL (4 tablets per month); DS (30 day supply max)
Miscellaneous Therapeutic Classes		
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***		
JOENJA ORAL TABLET	D	PA; SP; DS (30 day supply max)
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
*Chelating Agents***		
CUVRIOR ORAL TABLET	D	PA; SP; DS (30 day supply max)
SYPRINE ORAL CAPSULE	C	PA; SP; DS (30 day supply max)
<i>trientine hcl oral capsule</i>	C	PA; SP; DS (30 day supply max)
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule</i>	A	SP; DS (30 day supply max)
<i>cyclosporine modified oral solution</i>	A	SP; DS (30 day supply max)
<i>cyclosporine oral capsule</i>	A	SP; DS (30 day supply max)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	A	SP; DS (30 day supply max)
GENGRAF ORAL SOLUTION	A	SP; DS (30 day supply max)
LUPKYNIS ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
NEORAL ORAL CAPSULE	D	SP; DS (30 day supply max)
NEORAL ORAL SOLUTION	D	SP; DS (30 day supply max)
SANDIMMUNE ORAL CAPSULE	D	SP; DS (30 day supply max)
SANDIMMUNE ORAL SOLUTION	B	SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
*Farnesyltransferase Inhibitors***		
ZOKINVY ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
*Macrolide Immunosuppressants***		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	C	SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
<i>everolimus oral tablet 1 mg</i>	C	SP; QL (2 tablets per day); DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	C	SP; DS (30 day supply max)
ZORTRESS ORAL TABLET 1 MG	C	SP; QL (2 tablets per day); DS (30 day supply max)
*Monoclonal Antibodies***		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***		
VIJOICE ORAL TABLET THERAPY PACK	D	PA; SP; DS (30 day supply max)
*Rock Inhibitors***		
REZUROCK ORAL TABLET	D	PA; SP; DS (30 day supply max)
Musculoskeletal Therapy Agents		
*Retinoic Acid Receptor Gamma Selective Agonists***		
SOHONOS ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
Neuromuscular Agents		
*Als Agent Combinations***		
RELYVRIO ORAL PACKET	D	PA; SP; DS (30 day supply max)
*Als Agents - Miscellaneous***		
RADICAVA ORS ORAL SUSPENSION	D	PA; SP; DS (30 day supply max)
RADICAVA ORS STARTER KIT ORAL SUSPENSION	D	PA; SP; DS (30 day supply max)
*Benzothiazoles***		
EXSERVAN ORAL FILM	C	PA; SP; DS (30 day supply max)
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***		
SKYCLARYS ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***		
DAYBUE ORAL SOLUTION	D	PA; SP; DS (30 day supply max)
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***		
EVRYSDI ORAL SOLUTION RECONSTITUTED	D	PA; SP; DS (30 day supply max)
Ophthalmic Agents		
*Ophthalmic Ectoparasiticide**		
XDEMVI OPTHALMIC SOLUTION	D	PA; SP; QL (0.239 ml per day); DS (41 day supply min / 42 day supply max)

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Drug	Specialty Copay Tier	Notes
*Ophthalmic Nerve Growth Factors***		
OXERVATE OPHTHALMIC SOLUTION	D	PA; SP; DS (30 day supply max)
*Ophthalmics - Cystinosis Agents**		
CYSTADROPS OPHTHALMIC SOLUTION	C	PA; SP; DS (30 day supply max)
CYSTARAN OPHTHALMIC SOLUTION	C	PA; SP; DS (30 day supply max)
*Ophthalmics Misc. - Other***		
MIEBO OPHTHALMIC SOLUTION	D	PA; SP; DS (30 day supply max)
Passive Immunizing And Treatment Agents		
*Immune Serums***		
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	D	SP; DS (30 day supply max)
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	D	SP; DS (30 day supply max)
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	D	SP; DS (30 day supply max)
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	D	SP; DS (30 day supply max)
Psychotherapeutic And Neurological Agents - Misc.		
*Anti-Cataleptic Agents***		
LUMRYZ ORAL PACKET	D	PA; SP; DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
<i>sodium oxybate oral solution</i>	D	PA; SP; DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
XYREM ORAL SOLUTION	D	PA; SP; DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
*Anti-Cataleptic Combinations***		
XYWAV ORAL SOLUTION	D	PA; DS (30 day supply max)
*Antisense Oligonucleotide (Aso) Inhibitor Agents***		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP; DS (30 day supply max)
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; SP; DS (30 day supply max)
*Movement Disorder Drug Therapy***		
AUSTEDO ORAL TABLET	C	PA; SP; DS (30 day supply max)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	C	PA; SP; DS (30 day supply max)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK	C	PA; SP; DS (30 day supply max)
INGREZZA ORAL CAPSULE	D	PA; SP; QL (1 capsule per day); DS (30 day supply max)
INGREZZA ORAL CAPSULE THERAPY PACK	D	PA; SP; QL (56 capsules per year); DS (30 day supply max)
<i>tetrabenazine oral tablet</i>	A	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
XENAZINE ORAL TABLET	D	PA; SP; DS (30 day supply max)
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET	B	PA; SP; DS (30 day supply max)
<i>teriflunomide oral tablet</i>	B	PA; SP; DS (30 day supply max)
*Multiple Sclerosis Agents - Antimetabolites***		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	D	PA; SP; DS (30 day supply max)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	D	PA; SP; DS (30 day supply max)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	D	PA; SP; DS (30 day supply max)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	D	PA; SP; DS (30 day supply max)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	D	PA; SP; DS (30 day supply max)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	D	PA; SP; DS (30 day supply max)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	D	PA; SP; DS (30 day supply max)
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	B	PA; SP; DS (30 day supply max)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	B	PA; SP; DS (30 day supply max)
BETASERON SUBCUTANEOUS KIT	B	PA; SP; DS (30 day supply max)
EXTAVIA SUBCUTANEOUS KIT	B	PA; SP; DS (30 day supply max)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; SP; DS (30 day supply max)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	B	PA; SP; DS (30 day supply max)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; DS (30 day supply max)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; DS (30 day supply max)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP; DS (30 day supply max)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	C	PA; SP; DS (30 day supply max)
<i>dimethyl fumarate oral capsule delayed release</i>	C	SP; QL (2 capsules per day); DS (30 day supply max); AL (Min 18 Years)

Drug	Specialty Copay Tier	Notes
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	C	DS (30 day supply max); AL (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	D	PA; SP; QL (2 capsules per day); DS (30 day supply max); AL (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	D	PA; DS (30 day supply max); AL (Min 18 Years)
VUMERITY ORAL CAPSULE DELAYED RELEASE	B	PA; SP; DS (30 day supply max)
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	C	PA; SP; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
<i>dalfampridine er oral tablet extended release 12 hour</i>	A	PA; SP; QL (2 tablets per day); DS (30 day supply max); AL (Min 18 Years)
*Multiple Sclerosis Agents***		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	B	PA; SP; DS (30 day supply max)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP; DS (30 day supply max)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i>fingolimod hcl oral capsule</i>	B	PA; SP; QL (1 capsule per day); DS (30 day supply max); AL (Min 10 Years)
GILENYA ORAL CAPSULE 0.25 MG	B	PA; SP; DS (30 day supply max)
GILENYA ORAL CAPSULE 0.5 MG	B	PA; SP; QL (1 capsule per day); DS (30 day supply max); AL (Min 10 Years)
MAYZENT ORAL TABLET	D	PA; SP; DS (30 day supply max)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	D	PA; SP; DS (30 day supply max)
PONVORY ORAL TABLET	D	PA; SP; DS (30 day supply max)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	D	PA; SP; DS (30 day supply max)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG	D	PA; SP; DS (30 day supply max)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG	B	PA; SP; DS (30 day supply max)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	D	PA; SP; DS (30 day supply max)
ZEPOSIA ORAL CAPSULE	D	PA; SP; DS (30 day supply max)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	D	PA; SP; DS (30 day supply max)
Respiratory Agents - Misc.		
*Cftr Potentiators***		
KALYDECO ORAL PACKET	D	PA; SP; DS (30 day supply max)
KALYDECO ORAL TABLET	D	PA; SP; DS (30 day supply max); AL (Max 6 Years)
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI ORAL PACKET	C	PA; SP; DS (30 day supply max)

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Drug	Specialty Copay Tier	Notes
ORKAMBI ORAL TABLET 100-125 MG	C	PA; SP; DS (30 day supply max); AL (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	C	PA; SP; DS (30 day supply max)
SYMDEKO ORAL TABLET THERAPY PACK	D	PA; SP; DS (30 day supply max)
TRIKAFTA ORAL TABLET THERAPY PACK	D	PA; SP; QL (3); DS (28 day supply max)
TRIKAFTA ORAL THERAPY PACK	D	PA; SP; DS (30 day supply max)
*Cystic Fibrosis Agents - Miscellaneous***		
BRONCHITOL INHALATION CAPSULE	D	PA; SP; DS (30 day supply max)
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	B	PA; SP; DS (30 day supply max)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
OFEV ORAL CAPSULE	D	PA; SP; DS (30 day supply max. First 5 fills may be subject to split fill limitation of 15 day supply.)
*Pulmonary Fibrosis Agents***		
ESBRIET ORAL CAPSULE	D	PA; SP; QL (9 capsules per day); DS (30 day supply max)
ESBRIET ORAL TABLET 267 MG	D	PA; SP; QL (9 tablets per day); DS (30 day supply max)
ESBRIET ORAL TABLET 801 MG	D	PA; SP; QL (3 tablets per day); DS (30 day supply max)
<i>pirfenidone oral capsule</i>	D	PA; SP; QL (9 capsules per day); DS (30 day supply max)
<i>pirfenidone oral tablet 267 mg</i>	D	PA; SP; QL (9 tablets per day); DS (30 day supply max)
<i>pirfenidone oral tablet 534 mg</i>	D	PA; SP; QL (4 tablets per day); DS (30 day supply max)
<i>pirfenidone oral tablet 801 mg</i>	D	PA; SP; QL (3 tablets per day); DS (30 day supply max)
Vaginal And Related Products		
*Vaginal Progestins***		
CRINONE VAGINAL GEL	C	PA; SP; DS (30 day supply max); F
Vasopressors		
*Neurogenic Orthostatic Hypotension (Noh) - Agents***		
<i>droxidopa oral capsule 100 mg</i>	D	PA; SP; QL (3 capsules per day); DS (30 day supply max); AL (Min 18 Years)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	D	PA; SP; QL (6 capsules per day); DS (30 day supply max); AL (Min 18 Years)
NORTHERA ORAL CAPSULE 100 MG	D	PA; SP; QL (3 capsules per day); DS (30 day supply max); AL (Min 18 Years)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	D	PA; SP; QL (6 capsules per day); DS (30 day supply max); AL (Min 18 Years)

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ABILIFY ASIMTUFII	11	<i>calcipotriene</i>	15	EMGALITY (300 MG DOSE)	24
ABILIFY MAINTENA	11	CAMZYOS	13	EMPAVELI	21
ABRILADA	4	CARBAGLU	18	EMSAM	8
ABRILADA (1 PEN)	4	<i>carglumic acid</i>	18	ENBREL	7
ABRILADA (2 PEN)	4	CAYSTON	10	ENBREL MINI	7
ABRILADA (2 SYRINGE)	4	CERDELGA	22	ENBREL SURECLICK	7
ACTEMRA	7	CHEMET	9	ENSPRYNG	25
ACTEMRA ACTPEN	7	CHOLBAM	19	<i>entecavir</i>	12
ACTHAR	16	CIBINQO	16	ENTYVIO	20
<i>adalimumab-aacf</i>	4	CIMZIA	20	EOHILIA	15
<i>adalimumab-aacf (2 pen)</i>	4	CIMZIA (2 SYRINGE)	20	EPCLUSA	12
<i>adalimumab-aaty (1 pen)</i>	4	CIMZIA STARTER KIT	20	ESBRIET	29
<i>adalimumab-aaty (2 pen)</i>	4	<i>cinacalcet hcl</i>	16	<i>everolimus</i>	25
<i>adalimumab-aaty (2 syringe)</i>	4	CINRYZE	21	EVRYSDI	25
<i>adalimumab-adaz</i>	4	COPAXONE	28	EXJADE	9
<i>adalimumab-adbm</i>	4	CORTROPHIN	16	EXSERVAN	25
<i>adalimumab-adbm (2 pen)</i>	4	COSENTYX	15	EXTAVIA	27
<i>adalimumab-adbm (2 syringe)</i>	4	COSENTYX (300 MG DOSE)	15	FABHALTA	21
<i>adalimumab-adbm(cd/uc/hs strt)</i>	4	COSENTYX SENSOREADY (300		FASENRA	8
<i>adalimumab-adbm(ps/uv starter)</i>	5	MG)	15	FASENRA PEN	8
<i>adalimumab-fkjp</i>	5	COSENTYX SENSOREADY PEN	15	FERRIPROX	9
ADBRY	16	COSENTYX UNOREADY	15	FERRIPROX TWICE-A-DAY	9
ADCIRCA	14	COXANTO	7	FILSPARI	21
<i>adefovir dipivoxil</i>	12	CRESEMBA	9	FILSUVEZ	16
ADEMPAS	13	CRINONE	29	<i> fingolimod hcl</i>	28
AGAMREE	15	CUVRIOR	24	FINTEPLA	8
AIMOVIG	23	<i>cycloserine</i>	10	FIRAZYR	21
AJOVY	23, 24	<i>cyclosporine</i>	24	FIRDAPSE	10
ALVAIZ	23	<i>cyclosporine modified</i>	24	FORTEO	18
ALYQ	14	CYLTEZO (2 PEN)	5	FOSRENOL	20
<i>ambrisentan</i>	14	CYLTEZO (2 SYRINGE)	5	FULPHILA	22
AMJEVITA	5	CYLTEZO-CD/UC/HS STARTER	5	FUZEON	12
AMPYRA	28	CYLTEZO-PSORIASIS/UV		GALAFOLD	17
APOKYN	11	STARTER	5	GATTEX	19
<i>apomorphine hcl</i>	11	CYSTADANE	17	GENGRAF	24
ARIKAYCE	4	CYSTADROPS	26	GENOTROPIN	17
ARISTADA	11	CYSTAGON	20	GENOTROPIN MINIQUICK	17
ARISTADA INITIO	11	CYSTARAN	26	GEODON	11
AUBAGIO	27	<i>dalfampridine er</i>	28	GILENYA	28
AUSTEDO	26	DARAPRIM	10	<i>glatiramer acetate</i>	28
AUSTEDO XR	26	DAYBUE	25	GLATOPA	28
AUSTEDO XR PATIENT		<i>deferasirox</i>	9	HADLIMA	5
TITRATION	26	<i>deferasirox granules</i>	9	HADLIMA PUSHTOUCH	5
AVONEX PEN	27	<i>deferiprone</i>	9	HAEGARDA	21
AVONEX PREFILLED	27	DEMSER	9	HARVONI	12
AZILECT	10	DIACOMIT	8	HETLIOZ	23
BAFIERTAM	27	DIBENZYLINE	10	HETLIOZ LQ	23
BARACLUDE	12	<i>dichlorphenamide</i>	16	HIZENTRA	26
BENLYSTA	24	<i>dihydroergotamine mesylate</i>	24	HULIO	5
BERINERT	21	<i>dimethyl fumarate</i>	27	HULIO (2 PEN)	5
<i>betaine</i>	17	<i>dimethyl fumarate starter pack</i>	28	HULIO (2 SYRINGE)	5
BETASERON	27	<i>dofetilide</i>	7	HUMATIN	4
BETHKIS	4	DOPTELET	23	HUMATROPE	17
BIMZELX	15	<i>doxercalciferol</i>	18	HUMIRA	5
<i>bosentan</i>	14	DROXIA	22	HUMIRA (2 PEN)	5
BRONCHITOL	29	<i>droxidopa</i>	29	HUMIRA (2 SYRINGE)	5
BYLVAY	20	DUPIXENT	16	HUMIRA PEN	5
BYLVAY (PELLETS)	20	EGRIFTA SV	17	HUMIRA-CD/UC/HS STARTER	5
CABLIVI	21	EMGALITY	24	HUMIRA-PED	5

HUMIRA-PED>/=40KG CROHNS START	5	LUPRON DEPOT-PED (1-MONTH)	18	OMNITROPE	17
HUMIRA-PED>/=40KG UC STARTER	6	LUPRON DEPOT-PED (3-MONTH)	18	OMVOH	20
HUMIRA-PS/UV/ADOL HS STARTER	6	LUPRON DEPOT-PED (6-MONTH)	18	OPSUMIT	14
HUMIRA-PSORIASIS/UEVIT STARTER	6	MAVENCLAD (10 TABS)	27	OPSYNVI	13
HYFTOR	16	MAVENCLAD (4 TABS)	27	OPZELURA	16
HYPERRHO S/D	26	MAVENCLAD (5 TABS)	27	ORENCIA	7
HYRIMOZ	6	MAVENCLAD (6 TABS)	27	ORENCIA CLICKJECT	7
HYRIMOZ-CROHNS/UC STARTER	6	MAVENCLAD (7 TABS)	27	ORENITRAM	13
HYRIMOZ-PED	6	MAVENCLAD (8 TABS)	27	ORENITRAM MONTH 1	13
HYRIMOZ-PED>/=40KG CROHN START	6	MAVENCLAD (9 TABS)	27	ORENITRAM MONTH 2	13
HYRIMOZ-PLAQUE PSORIASIS START	6	MAVYRET	12	ORENITRAM MONTH 3	13
<i>icatibant acetate</i>	21	MAYZENT	28	ORFADIN	17
IDACIO (2 PEN)	6	MAYZENT STARTER PACK	28	ORKAMBI	28, 29
IDACIO (2 SYRINGE)	6	MESNEX	10	ORLADEYO	21
IDACIO-CROHNS/UC STARTER	6	<i>methoxsalen rapid</i>	15	ORMALVI	16
IDACIO-PSORIASIS STARTER	6	<i>methyltestosterone</i>	7	OTEZLA	7
ILARIS	6	METOPIRONE	16	<i>oxaprozin</i>	7
IMPAVIDO	10	<i>metyrosine</i>	10	OXBRYTA	23
INCRELEX	18	MICRHOGAM ULTRA-FILTERED PLUS	26	OXERVATE	26
<i>indomethacin</i>	7	MIEBO	26	PALYNZIQ	18
INGREZZA	26	<i>mifepristone</i>	9	PEGASYS	13
INVEGA HAFYERA	11	<i>miglustat</i>	22	<i>pentamidine isethionate</i>	10
INVEGA SUSTENNA	11	MIGRANAL	24	PERSERIS	11
INVEGA TRINZA	11	MULPLETA	23	<i>phenoxybenzamine hcl</i>	10
ISTURISA	16	MYALEPT	18	<i>pirfenidone</i>	29
JADENU	9	MYCAPSSA	19	PLEGRIDY	27
JADENU SPRINKLE	9	NEBUPENT	10	PLEGRIDY STARTER PACK	27
JAVYGTOR	18	NEORAL	24	PONVORY	28
JOENJA	24	NEULASTA	22	PONVORY STARTER PACK	28
JUXTAPID	9	NEULASTA ONPRO	22	PRALUENT	9
JYNARQUE	19	NEUPOGEN	22	<i>pretomanid</i>	10
KALBITOR	21	NEUPRO	11	PREVMIS	12
KALYDECO	28	NGENLA	17	PROCYSBI	20
KESIMPTA	27	<i>nitisinone</i>	17	PROLIA	19
KEVEYIS	16	NITYR	17	PROMACTA	23
KEVZARA	7	NIVESTYM	22, 23	PULMOZYME	29
KINERET	6	NORDITROPIN FLEXP	17	<i>pyrimethamine</i>	10
KITABIS PAK	4	NORTHERA	29	PYRUKYND	22
KORLYM	8	NPLATE	23	PYRUKYND TAPER PACK	22
KUVAN	18	NUCALA	8	QULIPTA	23
<i>lamivudine</i>	12	NURTEC	23	RADICAVA ORS	25
<i>lanthanum carbonate</i>	20	NUTROPIN AQ NUSPIN 10	17	RADICAVA ORS STARTER KIT	25
<i>ledipasvir-sofosbuvir</i>	12	NUTROPIN AQ NUSPIN 20	17	<i>rasagiline mesylate</i>	10
LETAIRIS	14	NUTROPIN AQ NUSPIN 5	17	RAVICTI	19
LEUKINE	23	OCALIVA	19	REBIF	27
LIQREV	14	<i>octreotide acetate</i>	19	REBIF REBIDOSE	27
LITFULO	15	OFEV	29	REBIF REBIDOSE TITRATION PACK	27
LIVMARLI	20	OGSIVEO	10	RECORLEV	16
LIVTENCITY	12	<i>olanzapine</i>	11	RELISTOR	20
LUMRYZ	26	OLPRUVA (2 GM DOSE)	19	RELYVRIO	25
LUPKYNIS	24	OLPRUVA (3 GM DOSE)	19	REPATHA	9
LUPRON DEPOT (1-MONTH)	10	OLPRUVA (4 GM DOSE)	19	REPATHA PUSHTRONEX SYSTEM	9
LUPRON DEPOT (3-MONTH)	10	OLPRUVA (5 GM DOSE)	19	REPATHA SURECLICK	9
		OLPRUVA (6 GM DOSE)	19	REVATIO	14
		OLPRUVA (6.67 GM DOSE)	19	REYVOW	24
		OLUMIANT	4	REZDIFFRA	19
				REZUROCK	25

RHOGAM ULTRA-FILTERED PLUS	26	<i>teriflunomide</i>	27	YUFLYMA	6
RHOPHYLAC	26	<i>teriparatide</i>	18	YUFLYMA (1 PEN)	6
<i>ribavirin</i>	13	<i>teriparatide (recombinant)</i>	18	YUFLYMA (2 PEN)	6
RINVOQ	4	<i>tetrabenazine</i>	26	YUFLYMA (2 SYRINGE)	6
RISPERDAL CONSTA	11	TEZSPIRE	8	YUFLYMA-CD/UC/HS STARTER	6
<i>risperidone er</i>	11	TIKOSYN	7	YUSIMRY	6
<i>risperidone microspheres er</i>	11	<i>tiopronin</i>	21	ZARXIO	23
RIVFLOZA	21	TOBI	4	ZAVESCA	22
RUCONEST	21	TOBI PODHALER	4	ZAVZPRET	23
RYKINDO	11	<i>tobramycin</i>	4	ZEPATIER	13
SABRIL	8	<i>tolvaptan</i>	19	ZEPOSIA	28
SAIZEN	17	TRACLEER	14	ZEPOSIA 7-DAY STARTER PACK	28
SAJAZIR	21	TREMFYA	15	ZEPOSIA STARTER KIT	28
SAMSCA	19	<i>trientine hcl</i>	24	ZILBRYSQ	21
SANDIMMUNE	24	TRIKAFTA	29	<i>ziprasidone mesylate</i>	11
SANDOSTATIN	19	TRUDHESA	24	ZOKINVY	25
SANDOSTATIN LAR DEPOT	19	TYMLOS	18	ZOMACTON	17
<i>sapropterin dihydrochloride</i>	19	TYVASO	13	ZORBITIVE	17
SENSIPAR	16	TYVASO DPI INSTITUTIONAL KIT	13	ZORTRESS	25
SEROSTIM	17	TYVASO DPI MAINTENANCE KIT	13	ZTALMY	8
SIKLOS	22	TYVASO DPI TITRATION KIT	13	ZURZUVAE	8
<i>sildenafil citrate</i>	14	TYVASO REFILL	13	ZYMFENTRA (1 PEN)	20
SILIQ	15	TYVASO STARTER	13	ZYMFENTRA (2 PEN)	20
SIMLANDI (1 PEN)	6	UBRELVY	23	ZYMFENTRA (2 SYRINGE)	20
SIMLANDI (2 PEN)	6	UDENYCA	23	ZYPREXA	12
SIMPONI	6	UPTRAVI	14	ZYPREXA RELPREVV	12
SIRTURO	10	UPTRAVI TITRATION	14		
SKYCLARYS	25	UZEDY	11		
SKYRIZI	15, 20	VALCYTE	12		
SKYRIZI PEN	15	<i>valganciclovir hcl</i>	12		
SKYTROFA	17	VELSIPITY	20		
<i>sodium oxybate</i>	26	VEMLIDY	12		
<i>sodium phenylbutyrate</i>	19	VENTAVIS	13		
<i>sofosbuvir-velpatasvir</i>	13	<i>vigabatrin</i>	8		
SOGROYA	17	VIGADRONE	8		
SOHONOS	25	VIGPODER	8		
SOMAVERT	17	VIJOICE	25		
SORILUX	15	VIVITROL	9		
SOTYKTU	15	VIVJOA	9		
SOVALDI	13	VOSEVI	13		
SPEVIGO	15	VOWST	20		
STELARA	15	VOXZOGO	18		
STRENSIQ	18	VOYDEYA	21		
SUCRAID	16	VUMERITY	28		
SUNLENCA	12	VYNDAMAX	14		
SYMDEKO	29	VYNDAQEL	14		
SYNAREL	18	WAINUA	26		
SYPRINE	24	WAKIX	4		
<i>tadalafil (pah)</i>	14	XDEMVY	25		
TADLIQ	14	XELJANZ	4		
TAKHZYRO	21	XELJANZ XR	4		
TALTZ	15	XENAZINE	27		
TARPEYO	15	XERMELO	20		
TASCENSO ODT	28	XOLAIR	8		
<i>tasimelteon</i>	23	XPHOZAH	16		
TAVALISSE	22	XURIDEN	17		
TAVNEOS	21	XYREM	26		
TECFIDERA	28	XYWAV	26		
TEGSEDI	26	YARGESA	22		

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínígíí Blue Cross Blue Shield of Arizona haada yit'éego bína'idítkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'idítkidgo beehaz'áanii hółq díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ílínígóó. Ata' halne'ígíí kojí' bich'í' hodiilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 877-475-4799.

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 [تماس حاصل نمایید.]

Assyrian:

Blue Cross Blue Shield of Arizona 877-475-4799

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคน หรือคนที่คุณกำลังช่วยเหลือมีอาการเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณสมรรถนะจะได้รับความช่วยเหลือและขอมลในภาษา ของคุณใดโดยไมม่ค่าใช้จ่าย โปรดยกบลาม โทร 877-475-4799

