

## Pharmacy Benefit Specialty Medication 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).

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](https://azblue.com/providers) > Practice Management > Precertification > BCBSAZ Members-Requests for 2020. In the tool, be sure to select "Pharmacy" for your request.
- 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 MyBlue<sup>SM</sup> 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.<br>Monday - Friday |

## Specialty Medication List

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| Drug                                                                                                   | Specialty<br>Copay<br>Tier | Notes                                                 |
|--------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------|
| <b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant*</b>                                                  |                            |                                                       |
| <b>*Histamine H3-Receptor Antagonist/Inverse Agonists***</b>                                           |                            |                                                       |
| WAKIX ORAL TABLET                                                                                      | D                          | PA; SP; DS (30)                                       |
| <b>*Melanocortin 4 (Mc4) Receptor Agonists***</b>                                                      |                            |                                                       |
| IMCIVREE SUBCUTANEOUS SOLUTION                                                                         | D                          | PA; WEIGHT (Tier Specialty D if WEIGHT applies)       |
| <b>*Aminoglycosides*</b>                                                                               |                            |                                                       |
| <b>*Aminoglycosides***</b>                                                                             |                            |                                                       |
| ARIKAYCE INHALATION SUSPENSION                                                                         | D                          | PA; SP; DS (30)                                       |
| BETHKIS INHALATION NEBULIZATION SOLUTION                                                               | B                          | PA; SP; DS (30)                                       |
| KITABIS PAK INHALATION NEBULIZATION SOLUTION                                                           | C                          | PA; SP; DS (30)                                       |
| TOBI INHALATION NEBULIZATION SOLUTION                                                                  | C                          | PA; SP; DS (30)                                       |
| TOBI PODHALER INHALATION CAPSULE                                                                       | C                          | PA; SP; DS (30)                                       |
| <i>tobramycin inhalation nebulization solution</i>                                                     | C                          | PA; SP; DS (30)                                       |
| <b>*Analgesics - Anti-Inflammatory*</b>                                                                |                            |                                                       |
| <b>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</b>                                               |                            |                                                       |
| OLUMIANT ORAL TABLET                                                                                   | D                          | PA; SP; DS (30)                                       |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR                                                            | B                          | PA; SP; DS (30)                                       |
| XELJANZ ORAL SOLUTION                                                                                  | B                          | PA; SP; QL (10ml per day); DS (30); AL (Max 18 Years) |
| XELJANZ ORAL TABLET                                                                                    | B                          | PA; SP; DS (30)                                       |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR                                                        | B                          | PA; SP; DS (30)                                       |
| <b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>                                                      |                            |                                                       |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | B                          | PA; SP; DS (30)                                       |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML                                      | B                          | PA; SP; DS (30)                                       |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT                                              | B                          | PA; SP; DS (30)                                       |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML                               | B                          | PA; SP; DS (30)                                       |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML           | B                          | PA; SP; DS (30)                                       |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                            | B                          | PA; SP; DS (30)                                       |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                        | B                          | PA; SP; DS (30)                                       |
| <b>*Interleukin-1 Receptor Antagonist (Il-1Ra)***</b>                                                  |                            |                                                       |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                        | D                          | PA; SP; DS (30)                                       |
| <b>*Interleukin-1Beta Blockers***</b>                                                                  |                            |                                                       |
| ILARIS SUBCUTANEOUS SOLUTION                                                                           | D                          | PA; SP; DS (30)                                       |
| <b>*Interleukin-6 Receptor Inhibitors***</b>                                                           |                            |                                                       |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                     | C                          | PA; SP; DS (30)                                       |

| Drug                                                     | Specialty Copay Tier | Notes                                |
|----------------------------------------------------------|----------------------|--------------------------------------|
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE          | C                    | PA; SP; DS (30)                      |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR              | D                    | PA; SP; DS (30)                      |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE          | D                    | PA; SP; DS (30)                      |
| <b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>         |                      |                                      |
| OTEZLA ORAL TABLET                                       | B                    | PA; SP; DS (30); AL (Min 18 Years)   |
| OTEZLA ORAL TABLET THERAPY PACK                          | B                    | PA; SP; DS (30); AL (Min 18 Years)   |
| <b>*Selective Costimulation Modulators***</b>            |                      |                                      |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR    | C                    | PA; SP; DS (30)                      |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE          | C                    | PA; SP; DS (30)                      |
| <b>*Soluble Tumor Necrosis Factor Receptor Agents***</b> |                      |                                      |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE              | D                    | PA; SP; DS (30)                      |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML                 | D                    | PA; SP; DS (30)                      |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | D                    | PA; SP; DS (30)                      |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED               | D                    | PA; SP; DS (30)                      |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR     | D                    | PA; SP; DS (30)                      |
| <b>*Antiarrhythmics*</b>                                 |                      |                                      |
| <b>*Antiarrhythmics Type Iii***</b>                      |                      |                                      |
| dofetilide oral capsule 125 mcg, 250 mcg                 | A                    | SP; DS (30)                          |
| dofetilide oral capsule 500 mcg                          | A                    | SP; QL (2 capsules per day); DS (30) |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG                    | C                    | SP; DS (30)                          |
| TIKOSYN ORAL CAPSULE 500 MCG                             | C                    | SP; QL (2 capsules per day); DS (30) |
| <b>*Antiasthmatic And Bronchodilator Agents*</b>         |                      |                                      |
| <b>*Anti-Ige Monoclonal Antibodies***</b>                |                      |                                      |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | D                    | PA; SP; DS (30)                      |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED               | D                    | PA; SP; DS (30)                      |
| <b>*Interleukin-5 Antagonists (Igg1 Kappa)***</b>        |                      |                                      |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR          | D                    | PA; SP; DS (30)                      |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE          | D                    | PA; SP; DS (30)                      |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR               | D                    | PA; SP; DS (30)                      |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | D                    | PA; SP; DS (30)                      |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED               | D                    | PA; SP; DS (30)                      |
| <b>*Anticonvulsants*</b>                                 |                      |                                      |
| <b>*Anticonvulsants - Misc.***</b>                       |                      |                                      |
| DIACOMIT ORAL CAPSULE                                    | C                    | PA; SP; DS (30)                      |
| DIACOMIT ORAL PACKET                                     | C                    | PA; SP; DS (30)                      |
| FINTEPLA ORAL SOLUTION                                   | C                    | PA; SP; DS (30)                      |

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| Drug                                                           | Specialty<br>Copay<br>Tier | Notes                                                            |
|----------------------------------------------------------------|----------------------------|------------------------------------------------------------------|
| <b>*Gaba Modulators***</b>                                     |                            |                                                                  |
| SABRIL ORAL PACKET                                             | B                          | PA; SP; DS (30)                                                  |
| SABRIL ORAL TABLET                                             | B                          | PA; SP; DS (30)                                                  |
| <i>vigabatrin oral packet</i>                                  | B                          | PA; SP; DS (30)                                                  |
| <i>vigabatrin oral tablet</i>                                  | B                          | PA; SP; DS (30)                                                  |
| VIGADRONE ORAL PACKET                                          | B                          | PA; SP; DS (30)                                                  |
| <b>*Antidepressants*</b>                                       |                            |                                                                  |
| <b>*Monoamine Oxidase Inhibitors (Maois)***</b>                |                            |                                                                  |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR                     | D                          | SP; QL (1 patch per day); DS (30); AL (Min 16 Years)             |
| EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR, 9 MG/24HR           | D                          | SP; DS (30); AL (Min 16 Years)                                   |
| <b>*Antidiabetics*</b>                                         |                            |                                                                  |
| <b>*Progesterone Receptor Antagonists***</b>                   |                            |                                                                  |
| KORLYM ORAL TABLET                                             | C                          | PA; SP; DS (30)                                                  |
| <b>*Antidotes And Specific Antagonists*</b>                    |                            |                                                                  |
| <b>*Antidotes - Chelating Agents***</b>                        |                            |                                                                  |
| CHEMET ORAL CAPSULE                                            | C                          | PA; DS (30)                                                      |
| <i>deferasirox granules oral packet</i>                        | D                          | PA; SP; DS (30)                                                  |
| <i>deferasirox oral tablet</i>                                 | D                          | PA; SP; DS (30)                                                  |
| <i>deferasirox oral tablet soluble</i>                         | D                          | PA; SP; DS (30)                                                  |
| <i>deferiprone oral tablet</i>                                 | D                          | PA; SP; DS (30)                                                  |
| EXJADE ORAL TABLET SOLUBLE                                     | D                          | PA; SP; DS (30)                                                  |
| FERRIPROX ORAL SOLUTION                                        | D                          | PA; SP; DS (30)                                                  |
| FERRIPROX ORAL TABLET                                          | D                          | PA; SP; DS (30)                                                  |
| FERRIPROX TWICE-A-DAY ORAL TABLET                              | D                          | PA; SP; DS (30)                                                  |
| JADENU ORAL TABLET                                             | D                          | PA; SP; DS (30)                                                  |
| JADENU SPRINKLE ORAL PACKET                                    | D                          | PA; SP; DS (30)                                                  |
| <b>*Opioid Antagonists***</b>                                  |                            |                                                                  |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED                | B                          | SP; DS (30)                                                      |
| <b>*Antihyperlipidemics*</b>                                   |                            |                                                                  |
| <b>*Microsomal Triglyceride Transfer Protein Inhibitors***</b> |                            |                                                                  |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG                | D                          | PA; SP; DS (30)                                                  |
| <b>*Pcsk9 Inhibitors***</b>                                    |                            |                                                                  |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR                   | B                          | PA; SP; DS (30); AL (Min 18 Years)                               |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE      | B                          | PA; SP; QL (1 cartridge per 28 days); DS (30); AL (Min 13 Years) |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                | B                          | PA; SP; QL (2 syringes per month); DS (30); AL (Min 13 Years)    |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR          | B                          | PA; SP; QL (2 pens per month); DS (30); AL (Min 13 Years)        |

| Drug                                                             | Specialty<br>Copay<br>Tier | Notes                                                                                                  |
|------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------|
| <b>*Antihypertensives*</b>                                       |                            |                                                                                                        |
| <b>*Agents For Pheochromocytoma***</b>                           |                            |                                                                                                        |
| DEMSER ORAL CAPSULE                                              | D                          | ST; DS (30 day limit applies)                                                                          |
| DIBENZYLINE ORAL CAPSULE                                         | D                          | PA; SP; DS (30)                                                                                        |
| <i>metirosine oral capsule</i>                                   | D                          | ST; DS (30 day limit applies)                                                                          |
| <i>phenoxybenzamine hcl oral capsule</i>                         | D                          | PA; SP; DS (30)                                                                                        |
| <b>*Anti-Infective Agents - Misc.*</b>                           |                            |                                                                                                        |
| <b>*Anti-Infective Agents - Misc.***</b>                         |                            |                                                                                                        |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED                       | B                          | SP; DS (30)                                                                                            |
| <i>pentamidine isethionate inhalation solution reconstituted</i> | B                          | SP; DS (30)                                                                                            |
| <b>*Monobactams***</b>                                           |                            |                                                                                                        |
| CAYSTON INHALATION SOLUTION RECONSTITUTED                        | C                          | PA; SP; DS (30)                                                                                        |
| <b>*Antimyasthenic/Cholinergic Agents*</b>                       |                            |                                                                                                        |
| <b>*Antimyasthenic/Cholinergic Agents***</b>                     |                            |                                                                                                        |
| FIRDAPSE ORAL TABLET                                             | D                          | PA; SP; DS (30)                                                                                        |
| RUZURGI ORAL TABLET                                              | D                          | PA; SP; DS (30)                                                                                        |
| <b>*Antimycobacterial Agents*</b>                                |                            |                                                                                                        |
| <b>*Antimycobacterial Agents***</b>                              |                            |                                                                                                        |
| <i>cycloserine oral capsule</i>                                  | C                          | PA; DS (30)                                                                                            |
| <i>pretomanid oral tablet</i>                                    | C                          | PA; SP; DS (30)                                                                                        |
| SIRTURO ORAL TABLET                                              | D                          | PA; SP; DS (30)                                                                                        |
| <b>*Antineoplastics And Adjunctive Therapies*</b>                |                            |                                                                                                        |
| <b>*Lhrh Analogs***</b>                                          |                            |                                                                                                        |
| 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); 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 (84-90); F |
| <b>*Urinary Tract Protective Agents***</b>                       |                            |                                                                                                        |
| MESNEX ORAL TABLET                                               | C                          | SP; DS (30)                                                                                            |
| <b>*Antiparkinson And Related Therapy Agents*</b>                |                            |                                                                                                        |
| <b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>            |                            |                                                                                                        |
| AZILECT ORAL TABLET                                              | C                          | SP; DS (30)                                                                                            |
| <i>rasagiline mesylate oral tablet</i>                           | A                          | SP; DS (30)                                                                                            |
| <b>*Nonergoline Dopamine Receptor Agonists***</b>                |                            |                                                                                                        |
| KYNMOBI SUBLINGUAL FILM                                          | C                          | PA; SP; DS (30)                                                                                        |
| NEUPRO TRANSDERMAL PATCH 24 HOUR                                 | C                          | SP; DS (30)                                                                                            |
| <b>*Antipsychotics/Antimanic Agents*</b>                         |                            |                                                                                                        |
| <b>*Quinolinone Derivatives***</b>                               |                            |                                                                                                        |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE                 | C                          | PA; DS (30)                                                                                            |

| Drug                                                          | Specialty<br>Copay<br>Tier | Notes                                                     |
|---------------------------------------------------------------|----------------------------|-----------------------------------------------------------|
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED ER | C                          | PA; DS (30)                                               |
| <b>*Antivirals*</b>                                           |                            |                                                           |
| <b>*Antiretrovirals - Fusion Inhibitors***</b>                |                            |                                                           |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED                    | A                          | PA; SP; DS (30)                                           |
| <b>*Cmv Agents***</b>                                         |                            |                                                           |
| PREVYMIS ORAL TABLET                                          | D                          | PA; SP; DS (30)                                           |
| VALCYTE ORAL SOLUTION RECONSTITUTED                           | C                          | SP; DS (30)                                               |
| VALCYTE ORAL TABLET                                           | D                          | SP; DS (30)                                               |
| <i>valganciclovir hcl oral solution reconstituted</i>         | A                          | SP; DS (30)                                               |
| <i>valganciclovir hcl oral tablet</i>                         | A                          | SP; DS (30)                                               |
| <b>*Hepatitis B Agents***</b>                                 |                            |                                                           |
| <i>adefovir dipivoxil oral tablet</i>                         | A                          | SP; DS (30)                                               |
| BARACLUDE ORAL SOLUTION                                       | B                          | SP; DS (30); AL (Min 16 Years)                            |
| BARACLUDE ORAL TABLET                                         | D                          | SP; DS (30); AL (Min 16 Years)                            |
| <i>entecavir oral tablet</i>                                  | A                          | SP; DS (30); AL (Min 16 Years)                            |
| EPIVIR HBV ORAL SOLUTION                                      | B                          | SP; DS (30)                                               |
| EPIVIR HBV ORAL TABLET                                        | D                          | SP; DS (30)                                               |
| HEPSERA ORAL TABLET                                           | D                          | SP; DS (30)                                               |
| <i>lamivudine oral tablet 100 mg</i>                          | A                          | SP; DS (30)                                               |
| VEMLIDY ORAL TABLET                                           | B                          | SP; DS (30); AL (Min 18 Years)                            |
| <b>*Hepatitis C Agent - Combinations***</b>                   |                            |                                                           |
| EPCLUSA ORAL TABLET 200-50 MG                                 | B                          | PA; SP; DS (30)                                           |
| EPCLUSA ORAL TABLET 400-100 MG                                | B                          | PA; SP; QL (1 tablet per day); DS (30)                    |
| HARVONI ORAL PACKET                                           | C                          | PA; SP; DS (30)                                           |
| HARVONI ORAL TABLET 45-200 MG                                 | C                          | PA; SP; DS (30)                                           |
| HARVONI ORAL TABLET 90-400 MG                                 | B                          | PA; SP; DS (30)                                           |
| <i>ledipasvir-sofosbuvir oral tablet</i>                      | B                          | PA; SP; DS (30)                                           |
| MAVYRET ORAL TABLET                                           | B                          | PA; SP; DS (30)                                           |
| <i>sofosbuvir-velpatasvir oral tablet</i>                     | B                          | PA; SP; QL (1 tablet per day); DS (30); AL (Min 18 Years) |
| VIEKIRA PAK ORAL TABLET THERAPY PACK                          | D                          | PA; SP; DS (30)                                           |
| VOSEVI ORAL TABLET                                            | D                          | PA; SP; DS (30)                                           |
| ZEPATIER ORAL TABLET                                          | D                          | PA; SP; DS (30)                                           |
| <b>*Hepatitis C Agents***</b>                                 |                            |                                                           |
| PEGASYS SUBCUTANEOUS SOLUTION                                 | B                          | SP; DS (30)                                               |
| <i>ribavirin oral capsule</i>                                 | A                          | SP; DS (30)                                               |
| <i>ribavirin oral tablet 200 mg</i>                           | A                          | SP; QL (2 tablets per day); DS (30)                       |
| SOVALDI ORAL PACKET                                           | D                          | PA; SP; DS (30)                                           |
| SOVALDI ORAL TABLET                                           | D                          | PA; SP; DS (30)                                           |



| Drug                                                                  | Specialty<br>Copay<br>Tier | Notes                              |
|-----------------------------------------------------------------------|----------------------------|------------------------------------|
| <b>*Cardiovascular Agents - Misc.*</b>                                |                            |                                    |
| <b>*Prostaglandin Vasodilators***</b>                                 |                            |                                    |
| ORENITRAM ORAL TABLET EXTENDED RELEASE                                | D                          | PA; SP; DS (30)                    |
| TYVASO INHALATION SOLUTION                                            | D                          | PA; SP; DS (30)                    |
| TYVASO REFILL INHALATION SOLUTION                                     | D                          | PA; SP; DS (30)                    |
| TYVASO STARTER INHALATION SOLUTION                                    | D                          | PA; SP; DS (30)                    |
| VENTAVIS INHALATION SOLUTION                                          | D                          | PA; SP; DS (30)                    |
| <b>*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***</b>   |                            |                                    |
| ADEMPAS ORAL TABLET                                                   | D                          | PA; SP; DS (30); AL (Min 18 Years) |
| <b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>   |                            |                                    |
| <i>ambrisentan oral tablet</i>                                        | D                          | PA; SP; DS (30); AL (Min 18 Years) |
| <i>bosentan oral tablet</i>                                           | D                          | PA; SP; DS (30)                    |
| LETAIRIS ORAL TABLET                                                  | D                          | PA; SP; DS (30); AL (Min 18 Years) |
| OPSUMIT ORAL TABLET                                                   | D                          | PA; SP; DS (30)                    |
| TRACLEER ORAL TABLET                                                  | D                          | PA; SP; DS (30)                    |
| TRACLEER ORAL TABLET SOLUBLE                                          | D                          | PA; SP; DS (30)                    |
| <b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>      |                            |                                    |
| ADCIRCA ORAL TABLET                                                   | D                          | PA; SP; DS (30)                    |
| ALYQ ORAL TABLET                                                      | D                          | PA; SP; DS (30)                    |
| REVATIO ORAL SUSPENSION RECONSTITUTED                                 | D                          | PA; SP; DS (30)                    |
| REVATIO ORAL TABLET                                                   | D                          | PA; SP; DS (30); AL (Min 18 Years) |
| <i>sildenafil citrate oral suspension reconstituted</i>               | D                          | PA; SP; DS (30)                    |
| <i>sildenafil citrate oral tablet 20 mg</i>                           | A                          | PA; SP; DS (30); AL (Min 18 Years) |
| <i>tadalafil (pah) oral tablet</i>                                    | D                          | PA; SP; DS (30)                    |
| <b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist****</b>    |                            |                                    |
| UPTRAVI ORAL TABLET                                                   | D                          | PA; SP; DS (30); AL (Min 18 Years) |
| UPTRAVI ORAL TABLET THERAPY PACK                                      | D                          | PA; SP; DS (30); AL (Min 18 Years) |
| <b>*Transthyretin Stabilizers***</b>                                  |                            |                                    |
| VYNDAMAX ORAL CAPSULE                                                 | D                          | PA; SP; DS (30)                    |
| VYNDALCEL ORAL CAPSULE                                                | D                          | PA; SP; DS (30)                    |
| <b>*Dermatologicals*</b>                                              |                            |                                    |
| <b>*Antipsoriatics - Systemic***</b>                                  |                            |                                    |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE        | D                          | PA; SP; DS (30)                    |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR      | D                          | PA; SP; DS (30)                    |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | D                          | PA; SP; DS (30)                    |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                      | D                          | PA; SP; DS (30)                    |

| Drug                                                         | Specialty<br>Copay<br>Tier | Notes                                              |
|--------------------------------------------------------------|----------------------------|----------------------------------------------------|
| <i>methoxsalen rapid oral capsule</i>                        | C                          | QL (1 capsule per day); DS (30); AL (Min 18 Years) |
| SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                | D                          | PA; SP; DS (30)                                    |
| SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT     | B                          | PA; SP; DS (30)                                    |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR              | B                          | PA; SP; DS (30)                                    |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE              | B                          | PA; SP; DS (30)                                    |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML                    | B                          | PA; SP; DS (30)                                    |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE              | B                          | PA; SP; DS (30)                                    |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR                    | C                          | PA; SP; DS (30)                                    |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                | C                          | PA; SP; DS (30)                                    |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR                   | B                          | PA; SP; DS (30)                                    |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE              | B                          | PA; SP; DS (30)                                    |
| <b>*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***</b> |                            |                                                    |
| OPZELURA EXTERNAL CREAM                                      | D                          | PA; DS (Day's Supply Limit: 30 days )              |
| <b>*Atopic Dermatitis - Monoclonal Antibodies***</b>         |                            |                                                    |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML    | D                          | PA                                                 |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML       | D                          | PA; SP; DS (30)                                    |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE             | D                          | PA; SP; DS (30)                                    |
| <b>*Digestive Aids*</b>                                      |                            |                                                    |
| <b>*Digestive Enzymes***</b>                                 |                            |                                                    |
| SUCRAID ORAL SOLUTION                                        | D                          | PA; SP; DS (30)                                    |
| <b>*Diuretics*</b>                                           |                            |                                                    |
| <b>*Carbonic Anhydrase Inhibitors***</b>                     |                            |                                                    |
| KEVEYIS ORAL TABLET                                          | D                          | PA; SP; DS (30); AL (Min 18 Years)                 |
| <b>*Endocrine And Metabolic Agents - Misc.*</b>              |                            |                                                    |
| <b>*Calcimimetic Agents***</b>                               |                            |                                                    |
| <i>cinacalcet hcl oral tablet</i>                            | C                          | SP; DS (30)                                        |
| SENSIPAR ORAL TABLET                                         | C                          | SP; DS (30)                                        |
| <b>*Corticotropin***</b>                                     |                            |                                                    |
| ACTHAR INJECTION GEL                                         | C                          | PA; SP; DS (30)                                    |
| <b>*Cortisol Synthesis Inhibitors***</b>                     |                            |                                                    |
| ISTURISA ORAL TABLET                                         | C                          | PA; SP; DS (30)                                    |
| <b>*Fabry Disease - Agents***</b>                            |                            |                                                    |
| GALAFOLD ORAL CAPSULE                                        | D                          | PA; SP; DS (30)                                    |
| <b>*Growth Hormone Receptor Antagonists***</b>               |                            |                                                    |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED                 | C                          | PA; SP; DS (30)                                    |

| Drug                                                               | Specialty<br>Copay<br>Tier | Notes           |
|--------------------------------------------------------------------|----------------------------|-----------------|
| <b>*Growth Hormone Releasing Hormones (Ghrh)***</b>                |                            |                 |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED                     | D                          | PA; SP; DS (30) |
| <b>*Growth Hormones***</b>                                         |                            |                 |
| GENOTROPIN MINISUBCUTANEOUS SOLUTION RECONSTITUTED                 | D                          | PA; SP; DS (30) |
| GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED                     | D                          | PA; SP; DS (30) |
| HUMATROPE INJECTION SOLUTION RECONSTITUTED                         | D                          | PA; SP; DS (30) |
| NORDITROPIN FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR             | D                          | PA; DS (30)     |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR           | B                          | PA; SP; DS (30) |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR           | B                          | PA; SP; DS (30) |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR            | B                          | PA; SP; DS (30) |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE                          | D                          | PA; DS (30)     |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED                      | D                          | PA; SP; DS (30) |
| SAIZEN INJECTION SOLUTION RECONSTITUTED                            | D                          | PA; SP; DS (30) |
| SAIZENPREP INJECTION SOLUTION RECONSTITUTED                        | D                          | PA; SP; DS (30) |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG      | B                          | PA; SP; DS (30) |
| ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED     | D                          | PA; SP; DS (30) |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED                       | D                          | PA; SP; DS (30) |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED                       | C                          | PA; SP; DS (30) |
| <b>*Hereditary Orotic Aciduria Treatment - Agents**</b>            |                            |                 |
| XURIDEN ORAL PACKET                                                | D                          | PA; SP; DS (30) |
| <b>*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***</b> |                            |                 |
| <i>nitisinone oral capsule</i>                                     | D                          | PA; SP; DS (30) |
| NITYR ORAL TABLET                                                  | D                          | PA; DS (30)     |
| ORFADIN ORAL CAPSULE                                               | D                          | PA; SP; DS (30) |
| ORFADIN ORAL SUSPENSION                                            | D                          | PA; SP; DS (30) |
| <b>*Homocystinuria Treatment - Agents***</b>                       |                            |                 |
| CYSTADANE ORAL POWDER                                              | C                          | SP; DS (30)     |
| <b>*Hyperammonemia Treatment - Agents***</b>                       |                            |                 |
| CARBAGLU ORAL TABLET                                               | D                          | PA; SP; DS (30) |
| <b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>          |                            |                 |
| <i>doxercalciferol oral capsule</i>                                | C                          | SP; DS (30)     |
| <b>*Hypophosphatasia (Hpp) Agents***</b>                           |                            |                 |
| STRENSIQ SUBCUTANEOUS SOLUTION                                     | D                          | PA; SP; DS (30) |
| <b>*Insulin-Like Growth Factors (Somatomedins)***</b>              |                            |                 |
| INCRELEX SUBCUTANEOUS SOLUTION                                     | D                          | PA; SP; DS (30) |

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| Drug                                                                                                    | Specialty<br>Copay<br>Tier | Notes                                                                                                     |
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| <b>*Leptin Analogues***</b>                                                                             |                            |                                                                                                           |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED                                                             | D                          | PA; SP; DS (30)                                                                                           |
| <b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</b>                                              |                            |                                                                                                           |
| 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)      |
| 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 (84-90) |
| SYNAREL NASAL SOLUTION                                                                                  | C                          | PA; SP; DS (30)                                                                                           |
| <b>*Parathyroid Hormone And Derivatives***</b>                                                          |                            |                                                                                                           |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML                                                | B                          | PA; SP; DS (30)                                                                                           |
| NATPARA SUBCUTANEOUS CARTRIDGE                                                                          | D                          | PA; SP; DS (30)                                                                                           |
| <i>teriparatide (recombinant) subcutaneous solution pen-injector</i>                                    | B                          | PA; SP; DS (30)                                                                                           |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                               | B                          | PA; SP; DS (30)                                                                                           |
| <b>*Phenylketonuria Treatment - Agents***</b>                                                           |                            |                                                                                                           |
| KUVAN ORAL PACKET                                                                                       | D                          | PA; SP; DS (30)                                                                                           |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                        | C                          | PA; SP; DS (30)                                                                                           |
| <i>sapropterin dihydrochloride oral packet</i>                                                          | D                          | PA; SP; DS (30)                                                                                           |
| <b>*Rank Ligand (Rankl) Inhibitors***</b>                                                               |                            |                                                                                                           |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                          | D                          | PA; SP; QL (1 prefilled syringe per 180 days; x6 copay applies); DS (167-180); AL (Min 18 Years)          |
| <b>*Selective Vasopressin V2-Receptor Antagonists***</b>                                                |                            |                                                                                                           |
| JYNARQUE ORAL TABLET                                                                                    | C                          | PA; SP; DS (30)                                                                                           |
| JYNARQUE ORAL TABLET THERAPY PACK                                                                       | C                          | PA; SP; DS (30)                                                                                           |
| SAMSCA ORAL TABLET                                                                                      | C                          | PA; SP; DS (30)                                                                                           |
| <i>tolvaptan oral tablet 15 mg</i>                                                                      | C                          | PA; DS (30)                                                                                               |
| <i>tolvaptan oral tablet 30 mg</i>                                                                      | C                          | PA; SP; DS (30)                                                                                           |
| <b>*Somatostatic Agents***</b>                                                                          |                            |                                                                                                           |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE                                                                   | D                          | PA; SP; DS (30)                                                                                           |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | A                          | SP; DS (30)                                                                                               |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML                                        | D                          | SP; DS (30)                                                                                               |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT                                                                 | C                          | SP; DS (30)                                                                                               |
| <b>*Urea Cycle Disorder - Agents***</b>                                                                 |                            |                                                                                                           |
| BUPHENYL ORAL POWDER 3 GM/TSP                                                                           | B                          | SP; DS (30)                                                                                               |
| BUPHENYL ORAL TABLET                                                                                    | B                          | SP; DS (30)                                                                                               |
| RAVICTI ORAL LIQUID                                                                                     | D                          | PA; SP; DS (30)                                                                                           |
| <i>sodium phenylbutyrate oral powder 3 gml/tsp</i>                                                      | A                          | SP; DS (30)                                                                                               |

| Drug                                                     | Specialty<br>Copay<br>Tier | Notes                          |
|----------------------------------------------------------|----------------------------|--------------------------------|
| <i>sodium phenylbutyrate oral tablet</i>                 | B                          | SP; DS (30)                    |
| <b>*Gastrointestinal Agents - Misc.*</b>                 |                            |                                |
| <b>*Bile Acid Synthesis Disorder Agents***</b>           |                            |                                |
| CHOLBAM ORAL CAPSULE                                     | C                          | PA; SP; DS (30)                |
| <b>*Farnesoid X Receptor (Fxr) Agonists***</b>           |                            |                                |
| OCALIVA ORAL TABLET                                      | D                          | PA; SP; DS (30)                |
| <b>*Glucagon-Like Peptide-2 (Glp-2) Analogs***</b>       |                            |                                |
| GATTEX SUBCUTANEOUS KIT                                  | D                          | PA; SP; DS (30)                |
| <b>*Ileal Bile Acid Transporter (Ibat) Inhibitors***</b> |                            |                                |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE                   | D                          | PA; DS (30)                    |
| BYLVAY ORAL CAPSULE                                      | D                          | PA; DS (30)                    |
| LIVMARLI ORAL SOLUTION                                   | D                          | PA; SP; DS (30)                |
| <b>*Peripheral Opioid Receptor Antagonists***</b>        |                            |                                |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML   | C                          | PA; SP; DS (30)                |
| <b>*Phosphate Binder Agents***</b>                       |                            |                                |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG    | D                          | SP; DS (30); AL (Min 16 Years) |
| <i>lanthanum carbonate oral tablet chewable</i>          | B                          | SP; DS (30); AL (Min 16 Years) |
| <b>*Tryptophan Hydroxylase Inhibitors***</b>             |                            |                                |
| XERMELO ORAL TABLET                                      | D                          | PA; SP; DS (30)                |
| <b>*Tumor Necrosis Factor Alpha Blockers***</b>          |                            |                                |
| CIMZIA PREFILLED SUBCUTANEOUS KIT                        | B                          | PA; SP; DS (30)                |
| CIMZIA STARTER KIT SUBCUTANEOUS KIT                      | B                          | PA; SP; DS (30)                |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG                       | B                          | PA; SP; DS (30)                |
| <b>*Genitourinary Agents - Miscellaneous*</b>            |                            |                                |
| <b>*Cystinosis Agents***</b>                             |                            |                                |
| CYSTAGON ORAL CAPSULE                                    | C                          | SP; DS (30)                    |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE                    | C                          | PA; SP; DS (30)                |
| PROCYSBI ORAL PACKET                                     | A                          | PA; SP; DS (30)                |
| <b>*Hematological Agents - Misc.*</b>                    |                            |                                |
| <b>*Anti-Von Willebrand Factor Agents***</b>             |                            |                                |
| CABLIVI INJECTION KIT                                    | D                          | PA; SP; DS (30)                |
| <b>*Bradykinin B2 Receptor Antagonists***</b>            |                            |                                |
| FIRAZYR SUBCUTANEOUS SOLUTION                            | D                          | PA; SP; DS (30)                |
| <i>icatibant acetate subcutaneous solution</i>           | D                          | PA; SP; DS (30)                |
| SAJAZIR SUBCUTANEOUS SOLUTION                            | D                          | PA; SP; DS (30)                |
| <b>*C1 Inhibitors***</b>                                 |                            |                                |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED             | D                          | PA; SP; DS (30)                |
| <b>*Complement Inhibitors***</b>                         |                            |                                |
| EMPAVELI SUBCUTANEOUS SOLUTION                           | D                          | PA; SP; DS (30)                |

| Drug                                                                | Specialty<br>Copay<br>Tier | Notes                                                  |
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| <b>*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***</b>     |                            |                                                        |
| TAKHZYRO SUBCUTANEOUS SOLUTION                                      | D                          | PA; SP; DS (30)                                        |
| <b>*Plasma Kallikrein Inhibitors***</b>                             |                            |                                                        |
| KALBITOR SUBCUTANEOUS SOLUTION                                      | D                          | PA; SP; DS (30)                                        |
| ORLADEYO ORAL CAPSULE                                               | D                          | PA; SP; QL (Max 30 day supply limit applies.); DS (30) |
| <b>*Spleen Tyrosine Kinase (Syk) Inhibitors***</b>                  |                            |                                                        |
| TAVALISSE ORAL TABLET                                               | C                          | PA; SP; DS (30)                                        |
| <b>*Hematopoietic Agents*</b>                                       |                            |                                                        |
| <b>*Agents For Gaucher Disease***</b>                               |                            |                                                        |
| CERDELGA ORAL CAPSULE                                               | D                          | PA; SP; DS (30)                                        |
| <i>miglustat oral capsule</i>                                       | D                          | PA; SP; DS (30)                                        |
| ZAVESCA ORAL CAPSULE                                                | D                          | PA; SP; DS (30)                                        |
| <b>*Cytotoxic Agents***</b>                                         |                            |                                                        |
| DROXIA ORAL CAPSULE                                                 | B                          | PA; ST; SP; DS (30)                                    |
| SIKLOS ORAL TABLET                                                  | B                          | SP; DS (30); AL (Min 2 Years and Max 17 Years)         |
| <b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>           |                            |                                                        |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT                   | B                          | SP; DS (30)                                            |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                    | B                          | SP; DS (30)                                            |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML               | B                          | SP; DS (30)                                            |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE                       | B                          | SP; DS (30)                                            |
| NIVESTYM INJECTION SOLUTION                                         | B                          | SP; DS (30)                                            |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE                       | B                          | SP; DS (30)                                            |
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                    | C                          | PA; SP; DS (30)                                        |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                     | B                          | SP; DS (30)                                            |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE                         | B                          | SP; DS (30)                                            |
| <b>*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***</b> |                            |                                                        |
| LEUKINE INJECTION SOLUTION RECONSTITUTED                            | D                          | SP; DS (30)                                            |
| <b>*Hemoglobin S (Hbs) Polymerization Inhibitors***</b>             |                            |                                                        |
| OXBRYTA ORAL TABLET                                                 | D                          | PA; SP; DS (30)                                        |
| <b>*Thrombopoietin (Tpo) Receptor Agonists***</b>                   |                            |                                                        |
| DOPTELET ORAL TABLET 20 MG                                          | C                          | PA; SP; DS (30)                                        |
| MULPLETA ORAL TABLET                                                | C                          | PA; SP; DS (30)                                        |
| NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED                          | D                          | SP; DS (30)                                            |
| PROMACTA ORAL PACKET                                                | C                          | PA; SP; DS (30)                                        |
| PROMACTA ORAL TABLET                                                | C                          | PA; SP; DS (30)                                        |

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| Drug                                                           | Specialty<br>Copay<br>Tier | Notes                              |
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| <b>*Hypnotics/Sedatives/Sleep Disorder Agents*</b>             |                            |                                    |
| <b>*Selective Melatonin Receptor Agonists***</b>               |                            |                                    |
| HETLIOZ LQ ORAL SUSPENSION                                     | D                          | PA; SP; DS (30)                    |
| HETLIOZ ORAL CAPSULE                                           | D                          | PA; SP; DS (30); AL (Min 18 Years) |
| <b>*Migraine Products*</b>                                     |                            |                                    |
| <b>*Cgrp Receptor Antagonists - Monoclonal Antibodies***</b>   |                            |                                    |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR                    | D                          | PA; DS (30)                        |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR                      | D                          | PA; QL (0.05ml per day); DS (30)   |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                  | D                          | PA; QL (0.05ml per day); DS (30)   |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | D                          | PA; DS (30)                        |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR                   | D                          | PA; DS (30)                        |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE               | D                          | PA; DS (30)                        |
| <b>*Miscellaneous Therapeutic Classes*</b>                     |                            |                                    |
| <b>*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***</b>  |                            |                                    |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                   | D                          | PA; SP; DS (30)                    |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE               | D                          | PA; SP; DS (30)                    |
| <b>*Chelating Agents***</b>                                    |                            |                                    |
| CLOVIQUE ORAL CAPSULE                                          | C                          | PA; SP; DS (30)                    |
| SYPRINE ORAL CAPSULE                                           | C                          | PA; SP; DS (30)                    |
| <i>trientine hcl oral capsule</i>                              | C                          | PA; SP; DS (30)                    |
| <b>*Cyclosporine Analogs***</b>                                |                            |                                    |
| <i>cyclosporine modified oral capsule</i>                      | A                          | SP; DS (30)                        |
| <i>cyclosporine modified oral solution</i>                     | A                          | SP; DS (30)                        |
| <i>cyclosporine oral capsule</i>                               | A                          | SP; DS (30)                        |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG                             | A                          | SP; DS (30)                        |
| GENGRAF ORAL SOLUTION                                          | A                          | SP; DS (30)                        |
| LUPKYNIS ORAL CAPSULE                                          | D                          | PA; DS (30)                        |
| NEORAL ORAL CAPSULE                                            | D                          | SP; DS (30)                        |
| NEORAL ORAL SOLUTION                                           | D                          | SP; DS (30)                        |
| SANDIMMUNE ORAL CAPSULE                                        | D                          | SP; DS (30)                        |
| SANDIMMUNE ORAL SOLUTION                                       | B                          | SP; DS (30)                        |
| <b>*Farnesyltransferase Inhibitors***</b>                      |                            |                                    |
| ZOKINVY ORAL CAPSULE                                           | D                          | PA; DS (30)                        |
| <b>*Macrolide Immunosuppressants***</b>                        |                            |                                    |
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>         | C                          | SP; DS (30)                        |
| ZORTRESS ORAL TABLET                                           | C                          | SP; DS (30)                        |
| <b>*Monoclonal Antibodies***</b>                               |                            |                                    |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE               | D                          | PA; SP; DS (30)                    |

Last revision date:10/14/2021 To search for a drug use control + f



| Drug                                                                   | Specialty<br>Copay<br>Tier | Notes                                               |
|------------------------------------------------------------------------|----------------------------|-----------------------------------------------------|
| <b>*Rock Inhibitors***</b>                                             |                            |                                                     |
| REZUROCK ORAL TABLET                                                   | D                          | PA; DS (30)                                         |
| <b>*Neuromuscular Agents*</b>                                          |                            |                                                     |
| <b>*Benzothiazoles***</b>                                              |                            |                                                     |
| EXSERVAN ORAL FILM                                                     | C                          | PA; SP; DS (30)                                     |
| TIGLUTIK ORAL SUSPENSION                                               | C                          | PA; SP; DS (30)                                     |
| <b>*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***</b>             |                            |                                                     |
| EVRYSDI ORAL SOLUTION RECONSTITUTED                                    | D                          | PA; SP; DS (30)                                     |
| <b>*Ophthalmic Agents*</b>                                             |                            |                                                     |
| <b>*Ophthalmic Nerve Growth Factors***</b>                             |                            |                                                     |
| OXERVATE OPHTHALMIC SOLUTION                                           | D                          | PA; SP; DS (30)                                     |
| <b>*Ophthalmics - Cystinosis Agents**</b>                              |                            |                                                     |
| CYSTADROPS OPHTHALMIC SOLUTION                                         | C                          | PA; SP; DS (30)                                     |
| CYSTARAN OPHTHALMIC SOLUTION                                           | C                          | PA; DS (30)                                         |
| <b>*Passive Immunizing And Treatment Agents*</b>                       |                            |                                                     |
| <b>*Antiviral Monoclonal Antibodies***</b>                             |                            |                                                     |
| SYNAGIS INTRAMUSCULAR SOLUTION                                         | D                          | PA; SP; DS (30)                                     |
| <b>*Immune Serums***</b>                                               |                            |                                                     |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                       | D                          | PA; SP; DS (30)                                     |
| HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE                  | D                          | SP; DS (30)                                         |
| MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | D                          | SP; DS (30)                                         |
| RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE    | D                          | SP; DS (30)                                         |
| RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE                         | D                          | SP; DS (30)                                         |
| <b>*Progestins*</b>                                                    |                            |                                                     |
| <b>*Progestins***</b>                                                  |                            |                                                     |
| MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                             | D                          | PA; SP; DS (30)                                     |
| <b>*Psychotherapeutic And Neurological Agents - Misc.*</b>             |                            |                                                     |
| <b>*Anti-Cataleptic Agents***</b>                                      |                            |                                                     |
| XYREM ORAL SOLUTION                                                    | D                          | PA; SP; DS (30); AL (Min 18 Years and Max 65 Years) |
| <b>*Anti-Cataleptic Combinations***</b>                                |                            |                                                     |
| XYWAV ORAL SOLUTION                                                    | D                          | PA; DS (30)                                         |
| <b>*Antisense Oligonucleotide (Aso) Inhibitor Agents***</b>            |                            |                                                     |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                        | D                          | PA; SP; DS (30)                                     |
| <b>*Movement Disorder Drug Therapy***</b>                              |                            |                                                     |
| AUSTEDO ORAL TABLET                                                    | C                          | PA; SP; DS (30)                                     |
| INGREZZA ORAL CAPSULE                                                  | D                          | PA; SP; QL (1 capsule per day); DS (30)             |



| Drug                                                              | Specialty Copay Tier | Notes                                      |
|-------------------------------------------------------------------|----------------------|--------------------------------------------|
| INGREZZA ORAL CAPSULE THERAPY PACK                                | D                    | PA; SP; QL (56 capsules per year); DS (30) |
| <i>tetrabenazine oral tablet</i>                                  | A                    | PA; SP; DS (30)                            |
| XENAZINE ORAL TABLET                                              | D                    | PA; SP; DS (30)                            |
| <b>*Ms Agents - Pyrimidine Synthesis Inhibitors***</b>            |                      |                                            |
| AUBAGIO ORAL TABLET                                               | B                    | PA; SP; DS (30)                            |
| <b>*Multiple Sclerosis Agents - Antimetabolites***</b>            |                      |                                            |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK                      | D                    | PA; SP; DS (30)                            |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK                       | D                    | PA; SP; DS (30)                            |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK                       | D                    | PA; SP; DS (30)                            |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK                       | D                    | PA; SP; DS (30)                            |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK                       | D                    | PA; SP; DS (30)                            |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK                       | D                    | PA; SP; DS (30)                            |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK                       | D                    | PA; SP; DS (30)                            |
| <b>*Multiple Sclerosis Agents - Interferons***</b>                |                      |                                            |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT                        | B                    | PA; SP; DS (30)                            |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT              | B                    | PA; SP; DS (30)                            |
| BETASERON SUBCUTANEOUS KIT                                        | B                    | PA; SP; DS (30)                            |
| EXTAVIA SUBCUTANEOUS KIT                                          | B                    | PA; SP; DS (30)                            |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE                 | B                    | PA; SP; DS (30)                            |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR          | B                    | PA; SP; DS (30)                            |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE     | B                    | PA; SP; DS (30)                            |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR                       | B                    | PA; SP; DS (30)                            |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                  | B                    | PA; SP; DS (30)                            |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                | B                    | PA; SP; DS (30)                            |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | B                    | PA; SP; DS (30)                            |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                     | B                    | PA; SP; DS (30)                            |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE      | B                    | PA; SP; DS (30)                            |
| <b>*Multiple Sclerosis Agents - Monoclonal Antibodies***</b>      |                      |                                            |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                      | D                    | PA; SP; DS (30)                            |
| <b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</b>    |                      |                                            |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE                            | C                    | PA; SP; DS (30)                            |
| <i>dimethyl fumarate oral capsule delayed release</i>             | C                    | PA; SP; DS (30)                            |
| <i>dimethyl fumarate starter pack oral</i>                        | C                    | PA; SP; DS (30)                            |
| TECFIDERA ORAL                                                    | C                    | PA; SP; DS (30)                            |

| Drug                                                              | Specialty Copay Tier | Notes                                    |
|-------------------------------------------------------------------|----------------------|------------------------------------------|
| TECFIDERA ORAL CAPSULE DELAYED RELEASE                            | C                    | PA; SP; DS (30)                          |
| VUMERITY ORAL CAPSULE DELAYED RELEASE                             | C                    | PA; SP; DS (30)                          |
| <b>*Multiple Sclerosis Agents - Potassium Channel Blockers***</b> |                      |                                          |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR                       | C                    | PA; SP; DS (30); AL (Min 18 Years)       |
| <i>dalfampridine er oral tablet extended release 12 hour</i>      | C                    | PA; SP; DS (30); AL (Min 18 Years)       |
| <b>*Multiple Sclerosis Agents***</b>                              |                      |                                          |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                  | B                    | PA; SP; DS (30)                          |
| <i>glatiramer acetate subcutaneous solution prefilled syringe</i> | B                    | PA; SP; DS (30)                          |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                   | B                    | PA; SP; DS (30)                          |
| <b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</b>      |                      |                                          |
| GILENYA ORAL CAPSULE 0.5 MG                                       | B                    | PA; SP; DS (30)                          |
| MAYZENT ORAL TABLET                                               | D                    | PA; SP; DS (30)                          |
| PONVORY ORAL TABLET                                               | D                    | PA; SP; DS (30)                          |
| PONVORY STARTER PACK ORAL TABLET THERAPY PACK                     | D                    | PA; SP; DS (30)                          |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK              | D                    | PA; SP; DS (30)                          |
| ZEPOSIA ORAL CAPSULE                                              | D                    | PA; SP; DS (30)                          |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK                     | D                    | PA; SP; DS (30)                          |
| <b>*Respiratory Agents - Misc.*</b>                               |                      |                                          |
| <b>*Cftr Potentiators***</b>                                      |                      |                                          |
| KALYDECO ORAL PACKET                                              | D                    | PA; SP; DS (30)                          |
| KALYDECO ORAL TABLET                                              | D                    | PA; SP; DS (30); AL (Max 6 Years)        |
| <b>*Cystic Fibrosis Agent - Combinations***</b>                   |                      |                                          |
| ORKAMBI ORAL PACKET                                               | C                    | PA; SP; DS (30)                          |
| ORKAMBI ORAL TABLET 100-125 MG                                    | C                    | PA; SP; DS (30); AL (Min 6 Years)        |
| ORKAMBI ORAL TABLET 200-125 MG                                    | C                    | PA; SP; DS (30)                          |
| SYMDEKO ORAL TABLET THERAPY PACK                                  | D                    | PA; SP; DS (30)                          |
| TRIKAFTA ORAL TABLET THERAPY PACK                                 | D                    | PA; SP; QL (3); DS (28)                  |
| <b>*Cystic Fibrosis Agents - Miscellaneous***</b>                 |                      |                                          |
| BRONCHITOL INHALATION CAPSULE                                     | D                    | PA; DS (30)                              |
| <b>*Hydrolytic Enzymes***</b>                                     |                      |                                          |
| PULMOZYME INHALATION SOLUTION 1 MG/ML                             | B                    | PA; SP; QL (6ml per day); DS (30)        |
| <b>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</b>          |                      |                                          |
| OFEV ORAL CAPSULE                                                 | D                    | PA; SP; DS (30)                          |
| <b>*Pulmonary Fibrosis Agents***</b>                              |                      |                                          |
| ESBRIET ORAL CAPSULE                                              | D                    | PA; SP; QL (9 capsules per day); DS (30) |
| ESBRIET ORAL TABLET 267 MG                                        | D                    | PA; SP; QL (9 tablets per day); DS (30)  |
| ESBRIET ORAL TABLET 801 MG                                        | D                    | PA; SP; QL (3 tablets per day); DS (30)  |

| Drug                                                         | Specialty<br>Copay<br>Tier | Notes                                                          |
|--------------------------------------------------------------|----------------------------|----------------------------------------------------------------|
| <b>*Vaginal And Related Products*</b>                        |                            |                                                                |
| <b>*Vaginal Progestins***</b>                                |                            |                                                                |
| <b>CRINONE VAGINAL GEL</b>                                   | C                          | PA; SP; DS (30); F                                             |
| <b>*Vasopressors*</b>                                        |                            |                                                                |
| <b>*Neurogenic Orthostatic Hypotension (Noh) - Agents***</b> |                            |                                                                |
| <i>droxidopa oral capsule 100 mg</i>                         | D                          | PA; SP; QL (3 capsules per day); DS (30);<br>AL (Min 18 Years) |
| <i>droxidopa oral capsule 200 mg, 300 mg</i>                 | D                          | PA; SP; QL (6 capsules per day); DS (30);<br>AL (Min 18 Years) |
| <b>NORTHERA ORAL CAPSULE 100 MG</b>                          | D                          | PA; SP; QL (3 capsules per day); DS (30);<br>AL (Min 18 Years) |
| <b>NORTHERA ORAL CAPSULE 200 MG, 300 MG</b>                  | D                          | PA; SP; QL (6 capsules per day); DS (30);<br>AL (Min 18 Years) |

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| PLEGRIDY .....                       | 17 | SYNAREL .....                            | 12     |                                  |    |
| PLEGRIDY STARTER PACK .....          | 17 | SYPRINE .....                            | 15     |                                  |    |
| PONVORY .....                        | 18 | <i>tadalafil (pah)</i> .....             | 9      |                                  |    |
| PONVORY STARTER PACK .....           | 18 | TAKHZYRO .....                           | 14     |                                  |    |
| PRALUENT .....                       | 6  | TALTZ .....                              | 10     |                                  |    |
| <i>pretomanid</i> .....              | 7  | TAVALISSE .....                          | 14     |                                  |    |
| PREVYMIS .....                       | 8  | TECFIDERA .....                          | 17, 18 |                                  |    |
| PROCYSBI .....                       | 13 | TEGSEDI .....                            | 16     |                                  |    |
| PROLIA .....                         | 12 | <i>teriparatide (recombinant)</i> .....  | 12     |                                  |    |
| PROMACTA .....                       | 14 | <i>tetrabenazine</i> .....               | 17     |                                  |    |
| PULMOZYME .....                      | 18 | TIGLUTIK .....                           | 16     |                                  |    |
| <i>rasagiline mesylate</i> .....     | 7  | TIKOSYN .....                            | 5      |                                  |    |
| RAVICTI .....                        | 12 | TOBI .....                               | 4      |                                  |    |
| REBIF .....                          | 17 | TOBI PODHALER .....                      | 4      |                                  |    |
| REBIF REBIDOSE .....                 | 17 | <i>tobramycin</i> .....                  | 4      |                                  |    |
| REBIF REBIDOSE TITRATION             |    | <i>tolvaptan</i> .....                   | 12     |                                  |    |
| PACK .....                           | 17 | TRACLEER .....                           | 9      |                                  |    |
| REBIF TITRATION PACK .....           | 17 | TREMFYA .....                            | 10     |                                  |    |
| RELISTOR .....                       | 13 | <i>trientine hcl</i> .....               | 15     |                                  |    |
| REPATHA .....                        | 6  | TRIKAFTA .....                           | 18     |                                  |    |
| REPATHA PUSHTRONEX                   |    | TYMLOS .....                             | 12     |                                  |    |
| SYSTEM .....                         | 6  | TYVASO .....                             | 9      |                                  |    |
| REPATHA SURECLICK .....              | 6  | TYVASO REFILL .....                      | 9      |                                  |    |
| REVATIO .....                        | 9  | TYVASO STARTER .....                     | 9      |                                  |    |
| REZUROCK .....                       | 16 | UDENYCA .....                            | 14     |                                  |    |
|                                      |    | UPTRAVI .....                            | 9      |                                  |    |

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