

Covered Drugs

TIER BY TIER

TIER 0

EXEMPT FROM PROGRAM | COVERED ON BENEFIT

- Automatic Exception to Coverage
- *Ex: sildenafil citrate, dimethyl fumarate*

TIER 1

GENERIC/BIOSIMILAR SPECIALTY MEDICATION | NO PAP AVAILABLE

- Eligible for bridge fills and ETCs
- *Ex: glatiramer acetate, abiraterone acetate*

TIER 2

BRAND SPECIALTY MEDICATIONS | NO PAP AVAILABLE

- Eligible for bridge fills and ETCs
- Generics or biosimilar formulation required where available
- *Ex: ARISTADA®, FORTEO®*

TIER 3

GENERIC/BIOSIMILAR SPECIALTY MEDICATIONS | EQUIVALENT BRAND PAP

- Apply for brand/reference PAP
- Generic/biosimilar for bridge fill and ETC
- *Ex: INFLECTRA®, Neulasta®*

TIER 4

STANDARD SPECIALTY MEDICATIONS | PAP AVAILABLE

- Eligible for bridge fills and ETCs
- PAP available
- *Ex: ABILIFY MAINTENA®, XIFAXAN®*

TIER 5

STANDARD SPECIALTY DRUGS WITH PAP | ADDITIONAL RESTRICTIONS

- Plan-level restrictions (ie: PSO/orphan)
 - Not bridge fill or ETC eligible
- If no plan-level restrictions, treat as Tier 4
- *Ex: COSENTYX®, DUPIXENT®*

TIER 6

STANDARD SPECIALTY DRUGS WITHOUT PAP | ADDITIONAL RESTRICTIONS

- Plan-level restrictions (ie: PSO/orphan)
 - Not bridge fill or ETC eligible
- If no plan-level restrictions, treat as Tier 2
- *Ex: SKYRIZI®, REVLIMID®*

TIER 0 DRUG LIST



EXEMPT FROM PROGRAM | COVERED ON BENEFIT

- Automatic Exception to Coverage
- Examples include Yusimry™ & and following:

<i>Alprostadil</i>	<i>Desmopressin Acetate PF</i>	<i>Paricalcitol</i>
<i>Aminocaproic Acid</i>	<i>Dimethyl Fumarate</i>	<i>Paromomycin Sulfate</i>
<i>azaTHIOprine</i>	<i>DOBUTamine HCl</i>	<i>Plerixafor</i>
<i>Baclofen</i>	<i>Entecavir</i>	<i>Posaconazole</i>
<i>Bicalutamide</i>	<i>Ferumoxytol</i>	<i>Ribavirin</i>
<i>Buprenorphine HCl</i>	<i>Fingolimod HCl</i>	<i>Riluzole</i>
<i>Capecitabine</i>	<i>Fondaparinux Sodium</i>	<i>Sapropterin Dihydrochloride</i>
<i>Cetrorelix Acetate</i>	<i>Fulvestrant</i>	<i>Sildenafil Citrate</i>
<i>Cidofovir</i>	<i>Fyremadel</i>	<i>Sirolimus</i>
<i>Cinacalcet HCl</i>	<i>Ganirelix Acetate</i>	<i>Tadalafil (PAH)</i>
<i>Colistimethate Sodium (CBA)</i>	<i>Ibandronate Sodium</i>	<i>Temozolomide</i>
<i>Cosyntropin</i>	<i>Imatinib Mesylate</i>	<i>Teriflunomide</i>
<i>cycloPHOSphamide</i>	<i>Leucovorin Calcium</i>	<i>Tiopronin</i>
<i>cycloSPORINE</i>	<i>Leuprolide Acetate</i>	<i>Tobramycin</i>
<i>cycloSPORINE Modified</i>	<i>Melphalan</i>	<i>Tobramycin Sulfate</i>
<i>Dalfampridine ER</i>	<i>Mycophenolate Mofetil</i>	<i>Tranexamic Acid</i>
<i>DAPTOMycin</i>	<i>Nalbuphine HCl</i>	<i>valGANCiclovir HCl</i>
<i>Deferoxamine Mesylate</i>	<i>Octreotide Acetate</i>	<i>Zoledronic Acid</i>
<i>Desmopressin Acetate</i>	<i>Palonosetron HCl</i>	

Effective 7/1/2025

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