

Medical Specialty Drug List

Specialty drugs are biologics or medications which typically require additional management for complex, chronic, or serious conditions. The use of specialty drugs may also involve some or all the following circumstances: intensive clinical monitoring, specific patient training or compliance assistance, unique handling, storage or preparation, and/or special administration by the patient or a healthcare professional. In addition, these medications may have a limited distribution network and/or a high total cost. The use of a specialty medication usually requires careful management from health care providers to watch for side effects and confirm that the medication is working as planned.

Your benefit plan may provide coverage of the following listed Specialty medications. Treatment recommendations may vary. Please call your doctor or pharmacist if you have questions about your health or medication. Other rules, limits and exclusions may apply. Please contact the Member Services phone number on your health benefit card to learn more about your coverage.

The medications listed below are grouped into general therapeutic categories which includes an alphabetical list of drugs.

<u>Antivirals</u>	Opdualag	<u>Fertility</u>	Synagis* (P)
Yeztugo	Riabni* (P)	Makena* (P)	Xolair* (P)
	Rituxin* (P)		Zemaira* (P)
<u>Autoimmune Agents</u>	Ruxience* (P)		
Actemra*	Rybrevent	<u>Hematologics</u>	
Benlysta* (P)	Truxima* (P)	Alhemo	<u>Macular Degeneration</u>
Cimzia Reconstitution*	Vonjo	Altuviio	Eylea* (P)
Entyvio*	Zirabev* (P)	Beqvez	Lucentis* (P)
Ilaris*		Cinryze* (P)	Macugen* (P)
Inflectra* (P)	<u>Endocrine Agents</u>	Hemgenix	Vabysmo
Orencia IV*	Boniva IV* (P)	Hypmavzi	Visudyne* (P)
Remicade* (P)	ibandronate sodium* (P)	Qfitlia	
Renflexis* (P)	Lupaneta Kit* (P)	Roctavian	<u>Migraine Agents</u>
Saphnelo*	Lupron Depot/Ped* (P)	Zynteglo* (P)	Emgality
Simponi Aria* (P)	Prolia* (P)		Vyepti
Spevigo* (P)	Reclast*	<u>Immune Globulins</u>	
Skyrizi (P)	Sandostatin LAR* (P)	Bivigam* (P)	<u>Multiple Sclerosis</u>
	Somatuline Depot* (P)	Cuvitru* (P)	Avonex (P)
<u>Anti-lipidemic</u>	Xgeva* (P)	Flebogamma* (P)	Betaseron
Evkeeza*	zoledronic acid* (P)	Gammagard* (P)	Copaxone (P)
Leqvio		Gammagard S/D* (P)	Extavia (P)
	<u>Enzyme Deficiencies</u>	Gammaked* (P)	Glatopa
<u>Blood Agents</u>	Aldurazyme* (P)	Gammaplex* (P)	Lemtrada* (P)
Fulphila* (P)	Cerezyme* (P)	Gamunex-C* (P)	Ocrevus* (P)
Mozobil* (P)	Elaprase* (P)	Hizentra* (P)	Tysabri* (P)
Neulasta* (P)	Elelyso* (P)	Hyqvia* (P)	
Nyvepria* (P)	Elevidys	Octagam* (P)	<u>Myasthenia Gravis Agents</u>
Nplate* (P)	Exondys 51* (P)	Panzyga* (P)	Imaavy*
Rolvedon*	Fabrazyme* (P)	Privigen* (P)	Rystiggo
Udenyca* (P)	Kanuma* (P)		Soliris*
Ziextenzo* (P)	Lamzede*	<u>Lung Agents</u>	Ultomiris*
	Lumizyme* (P)	Aralast/NP* (P)	Vyvgart*
<u>Cancer Agents</u>	Naglazyme* (P)	Cinqair* (P)	Vyvgart Hytrulo*
Carvykti*	Pombiliti	Fasenra* (P)	
Datroway	Vimizim* (P)	Nucala* (P)	<u>Neurological Agents</u>
Jemperli	Vpriv* (P)	Ohtuvayre	Aduhelm
Kimmtrak		Prolastin/C* (P)	

Your benefit plan may not cover certain products or categories regardless of their appearance in this document. Specialty medications may require prior authorization to ensure appropriate usage. Products listed may be updated periodically. Consult your plan for complete coverage and list details.



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Leqembi
Qalsody

Pulmonary Hypertension

epoprostenol sodium* (P)
Flolan*
Remodulin* (P)
treprostinil* (P)
Veletri* (P)

Others

Alferon N* (P)
Botox
Briumvi
Casgevy
Dupixent (P)
Dysport* (P)
Jetrea* (P)
Kalbitor* (P)
Kisunla
Korsuva*
Krystexxa* (P)
Lyfgenia
Nexviazyme*
OmvoH
Onpattro* (P)
Papzimeos
Piasky
Radicava* (P)
Rytelo
Spinraza* (P)
Skysona* (P)
Skytrofa
Sunlenca
Terlivaz* (P)
Thrombate III* (P)
Tzield
Vivitrol* (P)
Veopoz
Vyjuvek
Xenpozyme* (P)
Xeomin* (P)
Xiaflex* (P)
Zevaskyn
Zolgensma* (P)

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Key: (P) – Preferred Product

* Medical/Infusion Product

Brand name products are capitalized (e.g. Targretin)

Generic products are in lower case (e.g. bexarotene)

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