

# Drug Benefit Alignment Specialty Drug List

The following drugs have been designated for coverage under the pharmacy benefit and will no longer be covered under your medical benefit.

If you are a plan member and have questions, please contact us at 888-265-7790. Then, ask your prescriber to send a new specialty prescription to the chosen participating pharmacy.

<b>A</b>	GENOTROPIN GLATOPA GLEEVEC GONAL-F	<b>P</b>	PEGASYS PREGNYL PROFILNINE SD PULMOZYME
ABRILADA ACTHAR GEL ACTIMMUNE ADVATE ADYNOVATE AFINITOR AFSTYLA ALFERON N ALPHANATE ALPHANINE SD ALPROLIX ALTUVIIIIO APOKYN ARCALYST AVONEX	<b>H</b>	<b>R</b>	REBIF REBINYN RECOMBINATE REMODULIN REVATIO RIXUBIS
<b>B</b>	IDACIO IDELVION ILARIS ILUMYA INCRELEX IRESSA IXINITY	<b>S</b>	SAIZEN SAJAZIR SEROSTIM SEVENFACT SOMATULINE STELARA SUPPRELIN LA SYNAGIS
BENEFIX BETASERON BETHKIS	<b>J</b>	<b>T</b>	TAKHZYRO TEMODAR TEZSPIRE PEN TOBI TREMIFYA TRETEN TYVASO
<b>C</b>	<b>K</b>	<b>V</b>	VELETRI VENTAVIS VONVENDI
CIMZIA COAGADEX COPAXONE CORIFACT CORTROPHIN	KITABIS PAK KOATE KOGENATE KOVALTRY	<b>W</b>	WILATE
<b>D</b>	<b>M</b>	<b>X</b>	XELODA XOLAIR prefilled syringe/autoinjector XYNTHA
DUOPA	MENOPUR	<b>Z</b>	ZOMACTON ZYMFENTRA
<b>E</b>	<b>N</b>		
ELOCTATE ENBREL EPOPROSTENOL SODIUM ESPEROCT	NABI-HB NORDITROPIN NOVAREL NOVOEIGHT NOVOSEVEN RT NPLATE NUCALA prefilled syringe/autoinjector NUTROPIN NUWIQ		
<b>F</b>	<b>O</b>		
FASENRA PEN FEIBA FIRAZYR FLOLAN FOLLISTIM AQ FORTEO FUZEON FYREMADEL	OMNITROPE ORENCIA CLICKJET ORENCIA prefilled syringe		
<b>G</b>			
GAMASTAN GANIRELIX ACETATE GEFITINIB			

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