

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 **1-888-265-7790**. Then, ask your prescriber to send a new specialty prescription to the chosen participating pharmacy.

A

ABRILADA
ACTHAR GEL
ACTIMMUNE
ADALIMUMAB-AACF
ADALIMUMAB-AATY
ADALIMUMAB-ADB
ADALIMUMAB-FKJP
ADALIMUMAB-RYVK
ADVATE
ADYNOVATE
AFINITOR
AFSTYLA
ALHEMO
ALPHANATE
ALPHANINE SD
ALPROLIX
ALTUVIIIO
APOKYN
ARCALYST
AVONEX

B

BENEFIX
BETASERON
BETHKIS

C

CIMZIA
COAGADEX
COPAXONE
CORIFACT
CORTROPHIN
CYLTEZO

D

DUOPA

E

ELOCTATE
ENBREL
EPOPROSTENOL
SODIUM
ESPEROCT

F

FASENRA PEN
FEIBA
FIRAZYR
FLOLAN
FOLLISTIM AQ
FORTEO
FUZEON
FYREMADEL

G

GAMASTAN
GANIRELIX ACETATE
GEFITINIB
GENOTROPIN
GLATOPA
GLEEVEC
GONAL-F

H

HAEGARDA
HEMLIBRA
HEMOFIL M
HEPAGAM B
HULIO
HUMATE-P
HUMATROPE
HUMIRA
HYCAMTIN
HYMPAVZI
HYPERHEP B

I

IDELVION
ILARIS
ILUMYA
IRESSA
IXINITY

J

JIVI

K

KITABIS PAK
KOATE
KOGENATE
KOVALTRY

M

MENOPUR

N

NABI-HB
NORDITROPIN
NOVAREL
NOVOEIGHT
NOVOSEVEN RT
NPLATE
NUCALA prefilled
syringe/autoinjector
NUTROPIN
NUWIQ

O

OMNITROPE
ORENCIA CLICKJET
ORENCIA prefilled
syringe

P

PEGASYS
PREGNYL
PROFILNINE SD
PULMOZYME
PYZCHIVA

R

REBIF
REBINYN
RECOMBINATE
REMODULIN
REVATIO
RIXUBIS

S

SAJAZIR
SEROSTIM
SEVENFACT
SIMLANDI
SOMATULINE
STELARA
SUPPRELIN LA
SYNAGIS

T

TAKHZYRO
TEMODAR
TEZSPIRE PEN
TOBI
TRETEN
TYVASO

U

USTEKINUMAB-TTWE
USTEKINUMAB

V

VELETRI
VENTAVIS
VONVENDI

W

WEZLANA
WILATE

X

XELODA
XOLAIR prefilled
syringe/autoinjector
XYNTHA

Y

YUFLYMA

Z

ZOMACTON
ZYMFENTRA

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