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 of 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.

### Autoimmune Agents
- Actemra* (P)
- Benlysta* (P)
- Cimzia Reconstitution*
- Entyvio*
- Ilaris*
- Inflectra* (P)
- Ocrevus* (P)
- Remicade* (P)
- Renflexis* (P)
- Saphnelo*
- Simponi Aria* (P)
- Spevigo* (P)
- Skyrizi (P)

### Endocrine Agents
- Rybrevant
- Truxima* (P)
- Vonjo
- Zirabez* (P)

### Enzyme Deficiencies
- Aldurazyme* (P)
- Cerezyme* (P)
- Elaprase* (P)
- Elelyso* (P)
- Exondys 51* (P)
- Fabrazyme* (P)
- Kanuma* (P)
- Lamzede*
- Lumizyme* (P)
- Naglazyme* (P)
- Vimizim* (P)
- Vpriv* (P)

### Fertility
- Makena* (P)

### Hematologics
- Altuviiio
- Cinryze* (P)
- Hemgenix
- Soliris* (P)
- Zytéglo* (P)

### Immune Globulins
- Bivigam* (P)
- Cuvitru* (P)
- Flebogamma* (P)
- Gammagard* (P)
- Gammagard S/D* (P)
- Gammakind* (P)
- Gammaphor* (P)
- Gammaphor CS* (P)

### Lung Agents
- Aralast/NP* (P)
- Cinqair* (P)
- Fasenra* (P)
- Nucala* (P)
- Prolastin* (P)
- Synagis* (P)
- Xolair* (P)
- Zemaira* (P)

### Macular Degeneration
- Eylea* (P)
- Lucentis* (P)
- Macugen* (P)
- Vabysmo
- Visudyne* (P)

### Migraine Agents
- Emgality
- Vyepti

### Multiple Sclerosis
- Avonex (P)
- Betaseron
- Copaxone (P)
- Extavia (P)
- Glatopa
- Lemtrada* (P)
- Ocrevus* (P)
- Tysabri* (P)

### Neurological Agents
- Adувелим

### Pulmonary Hypertension
- epoprostenol sodium* (P)
- Flolan*
- Remodulin* (P)
- treprostinil* (P)
- Veleti* (P)

### Others
- Alferon N* (P)
- Botox
- Briumvi
- Dupixent (P)
- Dysport* (P)
- Jetrea* (P)
- Kalbitor* (P)
- Korsuva*
- Krystexxa* (P)
- Nexviazyme*

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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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AscellaHealth, LLC
Medical Specialty Drug List

Onpattro* (P)
Radicava* (P)
Spinraza* (P)
Skysona* (P)
Skytrofa
Sunlenca
Terlivaz* (P)
Thrombate III* (P)
Tzield
Vivitrol* (P)
Vyvgart* (P)
Xenpozyme* (P)
Xeomin* (P)
Xiaflex* (P)
Zolgensma* (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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