



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.

Autoimmune Agents

Actemra*
Benlysta* (P)
Cimzia Reconstitution*
Entyvio*
Ilaris*
Inflectra* (P)
Orencia IV*
Remicade* (P)
Renflexis* (P)
Saphnelo*
Simponi Aria* (P)
Skyrizi (P)

Anti-lipidemic

Evkeeza*
Leqvio

Blood Agents

Fulphila* (P)
Mozobil* (P)
Neulasta* (P)
Nyvepria* (P)
Nplate* (P)
Udenyca* (P)
Ziextenzo* (P)

Cancer Agents

Carvykti*
Jemperli
Kimmtrak
Riabni* (P)
Rituxin* (P)
Ruxience* (P)
Rybrevant
Truxima* (P)

Vonjo

Zirabev* (P)

Endocrine Agents

Boniva IV* (P)
ibandronate sodium* (P)
Lupaneta Kit* (P)
Lupron Depot/Ped* (P)
Prolia* (P)
Reclast*
Sandostatin LAR* (P)
Somatuline Depot* (P)
Xgeva* (P)
zoledronic acid* (P)

Enzyme Deficiencies

Aldurazyme* (P)
Cerezyme* (P)
Elaprase* (P)
Elelyso* (P)
Exondys 51* (P)
Fabrazyme* (P)
Kanuma* (P)
Lumizyme* (P)
Naglazyme* (P)
Vimizim* (P)
Vpriv* (P)

Fertility

Makena* (P)

Hematologics

Cinryze* (P)
Soliris* (P)

Immune Globulins

Bivigam* (P)
Cuvitru* (P)
Flebogamma* (P)
Gammagard* (P)
Gammagard S/D* (P)
Gammaked* (P)
Gammaplex* (P)
Gamunex-C* (P)
Hizentra* (P)
Hyqvia* (P)
Octagam* (P)
Panzyga* (P)
Privigen* (P)

Lung Agents

Aralast/NP* (P)
Cinqair* (P)
Fasenra* (P)
Nucala* (P)
Prolastin/C* (P)
Synagis* (P)
Xolair* (P)
Zemaira* (P)

Macular Degeneration

Eylea* (P)
Lucentis* (P)
Macugen* (P)
Vabysmo
Visudyne* (P)

Multiple Sclerosis

Avonex (P)
Betaseron
Copaxone (P)

Extavia (P)
Glatopa
Lemtrada* (P)
Ocrevus* (P)
Tysabri* (P)

Neurological Agents

Aduhelm

Pulmonary Hypertension

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

Others

Alferon N* (P)
Dupixent (P)
Dysport* (P)
Jetrea* (P)
Kalbitor* (P)
Korsuva*
Krystexxa* (P)
Nexviazyme*
Onpattro* (P)
Radicava* (P)
Spinraza* (P)
Skytrofa
Thrombate III* (P)
Vivitrol* (P)
Vyvgart* (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.

Key: (P) – Preferred Product

* – Medical/Infusion Product

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

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

June 2022
AscellaHealth, LLC



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