

Mandatory Specialty Drug List

Depending on your pharmacy plan, drugs on this list may be required to be filled only at preferred, in-network, specialty pharmacies.

This may be because:

- . Distribution of the drug is restricted by the manufacturer
- . The drug requires patient education, provider coordination, or special handling

Specialty pharmacies provide additional care beyond standard retail pharmacies. This includes access to specialized:

- . Pharmacists
- . Reimbursement experts
- . Patient advocates

Brand Name	Generic Name
ABIRATERONE ACETATE	ABIRATERONE ACETATE
ABRAXANE*	PACLITAXEL PROTEIN-BOUND
ACTEMRA	TOCILIZUMAB
ACTEMRA ACTPEN	TOCILIZUMAB
ACTEMRA*	TOCILIZUMAB
ACTHAR	CORTICOTROPIN
ACTIMMUNE	INTERFERON GAMMA-1B,RECOMB.
ADALIMUMAB-ADAZ(CF)	ADALIMUMAB-ADAZ
ADALIMUMAB-ADAZ(CF) PEN	ADALIMUMAB-ADAZ
ADALIMUMAB-ADB(M)(CF)	ADALIMUMAB-ADB(M)
ADALIMUMAB-ADB(M)(CF) PEN CROHNS	ADALIMUMAB-ADB(M)
ADALIMUMAB-ADB(M)(CF) PEN PS-UV	ADALIMUMAB-ADB(M)
ADALIMUMAB-ADB(M)(CF)PEN	ADALIMUMAB-ADB(M)
ADBRY	TRALOKINUMAB-LDRM
ADCETRIS*	BRENTUXIMAB VEDOTIN
ADCIRCA	TADALAFIL
ADEMPAS	RIOCIGUAT
ADUHELM*	ADUCANUMAB-AVWA
ADVATE*	ANTIHEMOPHIL.FVIII,FULL LENGTH
ADYNOVATE*	ANTIHEMO.FVIII,FULL LENGTH PEG
AFINITOR	EVEROLIMUS
AFINITOR DISPERZ	EVEROLIMUS
AFSTYLA*	ANTIHEM.FVIII,SIN-CHN,B-DM TRU
ALDURAZYME*	LARONIDASE
ALECENSA	ALECTINIB HCL
ALPHANATE*	ANTIHEMOPHILIC FACTOR/VWF
ALPHANINE SD*	FACTOR IX
ALPROLIX*	FACTOR IX REC, FC FUSION PROTN
ALTUVIIIIO*	FVIII REC,FC-VWF-XTEN,BDD-EHTL

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ALYMSYS*	BEVACIZUMAB-MALY
AMBRISENTAN	AMBRISENTAN
AMJEVITA(CF)	ADALIMUMAB-ATTO
AMJEVITA(CF) AUTOINJECTOR	ADALIMUMAB-ATTO
AMPYRA	DALFAMPRIDINE
AMVUTTRA*	VUTRISIRAN SODIUM
APOKYN	APOMORPHINE HCL
ARALAST NP*	ALPHA-1-PROTEINASE INHIBITOR
ARANESP	DARBEPOETIN ALFA IN POLYSORBAT
ARRANON*	NELARABINE
ASCENIV*	IMMUNE GLOBULIN,GAMMA(IGG)SLRA
AUBAGIO	TERIFLUNOMIDE
AUGTYRO	REPOTRECTINIB
AUSTEDO	DEUTETRABENAZINE
AUSTEDO XR	DEUTETRABENAZINE
AUSTEDO XR TITRATION KT(WK1-4)	DEUTETRABENAZINE
AVASTIN*	BEVACIZUMAB
AVONEX	INTERFERON BETA-1A
AVONEX PEN	INTERFERON BETA-1A
AVSOLA*	INFLIXIMAB-AXXQ
AZACITIDINE*	AZACITIDINE
BAFIERTAM	MONOMETHYL FUMARATE
BELRAPZO*	BENDAMUSTINE HCL
BENDAMUSTINE HCL*	BENDAMUSTINE HCL
BENDEKA*	BENDAMUSTINE HCL
BENEFIX*	FACTOR IX HUMAN RECOMBINANT
BENLYSTA*	BELIMUMAB
BENLYSTA*	BELIMUMAB
BEOVU*	BROLUCIZUMAB-DBLL
BERINERT*	C1 ESTERASE INHIBITOR
BESPONS*	INOTUZUMAB OZOGAMICIN
BETAINE ANHYDROUS	BETAINE
BETASERON	INTERFERON BETA-1B
BIMZELX	BIMEKIZUMAB-BKZX
BIMZELX AUTOINJECTOR	BIMEKIZUMAB-BKZX
BIVIGAM*	IMMUN GLOB G(IGG)/GLY/IGA OV50
BORTEZOMIB*	BORTEZOMIB
BOSENTAN	BOSENTAN
BOSULIF	BOSUTINIB
BRAFTOVI	ENCORAFENIB
BRIUMVI*	UBLITUXIMAB-XIY
BRONCHITOL	MANNITOL

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BYLVAY	ODEVIXIBAT
BYOOVIZ*	RANIBIZUMAB-NUNA
CABOMETYX	CABOZANTINIB S-MALATE
CAMZYOS	MAVACAMTEN
CAPECITABINE	CAPECITABINE
CARBAGLU	CARGLUMIC ACID
CARGLUMIC ACID	CARGLUMIC ACID
CAYSTON	AZTREONAM LYSINE
CERDELGA	ELIGLUSTAT TARTRATE
CEREZYME*	IMIGLUCERASE
CETRORELIX ACETATE	CETRORELIX ACETATE
CETROTIDE	CETRORELIX ACETATE
CHORIONIC GONADOTROPIN	CHORIONIC GONADOTROPIN, HUMAN
CIBINQO	ABROCITINIB
CIMERLI*	RANIBIZUMAB-EQRN
CIMZIA	CERTOLIZUMAB PEGOL
CINRYZE*	C1 ESTERASE INHIBITOR
COAGADEX*	COAGULATION FACTOR X
COLUMVI*	GLOFITAMAB-GXBM
COPAXONE	GLATIRAMER ACETATE
CORIFACT*	FACTOR XIII
CORTROPHIN	CORTICOTROPIN
COSENTYX (2 SYRINGES)	SECUKINUMAB
COSENTYX SENSOREADY (2 PENS)	SECUKINUMAB
COSENTYX SENSOREADY PEN	SECUKINUMAB
COSENTYX SYRINGE	SECUKINUMAB
COSENTYX UNOREADY PEN	SECUKINUMAB
COSENTYX*	SECUKINUMAB
COTELLIC	COBIMETINIB FUMARATE
CRINONE	PROGESTERONE, MICRONIZED
CUTAQUIG*	IMMUN GLOB G(IGG)-HIPPI/MALTOSE
CUVITRU*	IMMUN GLOB G(IGG)/GLY/IGA OV50
CYLTEZO(CF)	ADALIMUMAB-ADBIM
CYLTEZO(CF) PEN	ADALIMUMAB-ADBIM
CYLTEZO(CF) PEN CROHN'S-UC-HS	ADALIMUMAB-ADBIM
CYLTEZO(CF) PEN PSORIASIS-UV	ADALIMUMAB-ADBIM
CYRAMZA*	RAMUCIRUMAB
CYTOGAM*	CYTOMEGALOVIRUS IMMUNE GLOBULIN
DACOGEN*	DECITABINE
DALFAMPRIDINE ER	DALFAMPRIDINE
DARZALEX FASPRO*	DARATUMUMAB-HYALURONIDASE-FIHJ
DARZALEX*	DARATUMUMAB

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DAURISMO	GLASDEGIB MALEATE
DDAVP*	DESMOPRESSIN ACETATE
DECITABINE*	DECITABINE
DEFERASIROX	DEFERASIROX
DESMOPRESSIN ACETATE*	DESMOPRESSIN ACETATE
DICHLORPHENAMIDE	DICHLORPHENAMIDE
DIMETHYL FUMARATE	DIMETHYL FUMARATE
DOJOLVI	TRihePTANOIN
DOPTELET	AVATROMBOPAG MALEATE
DROXIDOPA	DROXIDOPA
DUOPA*	CARBIDOPA/LEVODOPA
DUPIXENT PEN	DUPILUMAB
DUPIXENT SYRINGE	DUPILUMAB
DUROLANE*	HYALURONATE SODIUM, STABILIZED
DURYSTA*	BIMATOPROST
DYSPORT*	ABOBOTULINUMTOXINA
EGRIFTA SV*	TESAMORELIN ACETATE
ELAPRASE*	IDURSULFASE
ELELYSO*	TALIGLUCERASE ALFA
ELEVIDYS*	DELANDISTROGENE MOXEPARVC-ROKL
ELIGARD*	LEUPROLIDE ACETATE
ELOCTATE*	ANTIHEMOPH.FVIII REC,FC FUSION
EMFLAZA	DEFLAZACORT
EMPLICITI*	ELOTUZUMAB
ENBREL	ETANERCEPT
ENBREL MINI	ETANERCEPT
ENBREL SURECLICK	ETANERCEPT
ENDARI	GLUTAMINE
ENDOMETRIN	PROGESTERONE, MICRONIZED
ENHERTU*	FAM-TRASTUZUMAB DERUXTECN-NXKI
ENSPRYNG	SATRALIZUMAB-MWGE
ENTYVIO PEN	VEDOLIZUMAB
ENTYVIO*	VEDOLIZUMAB
EPCLUSA	SOFOBUVIR/VELPATASVIR
EPIDIOLEX	CANNABIDIOL (CBD)
EPOGEN	EPOETIN ALFA
EPOPROSTENOL SODIUM*	EPOPROSTENOL SODIUM
EPOPROSTENOL SODIUM*	EPOPROSTENOL SODIUM (GLYCINE)
ERBITUX*	CETUXIMAB
ERIVEDGE	VISMODEGIB
ERLEADA	APALUTAMIDE
ERLOTINIB HCL	ERLOTINIB HCL

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ESBRIET	PIRFENIDONE
ESPEROCT*	FVIII REC,B-DOM TRUNC PEG-EXEI
EUFLEXXA*	HYALURONATE SODIUM
EVENITY	ROMOSOZUMAB-AQQG
EVENITY (2 SYRINGES)	ROMOSOZUMAB-AQQG
EVEROLIMUS	EVEROLIMUS
EVRYSDI	RISDIPLAM
EXJADE	DEFERASIROX
EXTAVIA	INTERFERON BETA-1B
EYLEA*	AFLIBERCEPT
FABRAZYME*	AGALSIDASE BETA
FASENRA	BENRALIZUMAB
FASENRA PEN	BENRALIZUMAB
FEIBA NF*	ANTI-INHIBITOR COAGULANT COMP.
FENSOLVI*	LEUPROLIDE ACETATE
FILSPARI	SPARSENTAN
FINGOLIMOD	FINGOLIMOD HCL
FIRAZYR	ICATIBANT ACETATE
FIRMAGON*	DEGARELIX ACETATE
FLOLAN*	EPOPROSTENOL SODIUM (GLYCINE)
FOLLISTIM AQ	FOLLITROPIN BETA,RECOMB
FOLOTYN*	PRALATREXATE
FORTEO	TERIPARATIDE
FYREMADEL	GANIRELIX ACETATE
GALAFOLD	MIGALASTAT HCL
GAMMAGARD LIQUID*	IMMUN GLOB G(IGG)/GLY/IGA OV50
GAMMAGARD S-D*	IMMUN GLOB G/GLY/GLUC/IGA 0-50
GAMMAKED*	IMMUNE GLOBUL G/GLY/IGA AVG 46
GAMMAPLEX*	IMMUN GLOB G/SORB/GLY/IGA 0-50
GAMMAPLEX*	IMMUN GLOB G(IGG)/GLY/IGA 0-50
GAMUNEX-C*	IMMUNE GLOBUL G/GLY/IGA AVG 46
GANIRELIX ACETATE	GANIRELIX ACETATE
GATTEX	TEDUGLUTIDE
GAVRETO	PRALSETINIB
GAZYVA*	OBINUTUZUMAB
GEL-ONE*	HYALURONATE SOD, CROSS-LINKED
GELSYN-3*	HYALURONATE SODIUM
GENOTROPIN	SOMATROPIN
GILENYA	FINGOLIMOD HCL
GILOTRIF	AFATINIB DIMALEATE
GIVLAARI*	GIVOSIRAN SODIUM
GLASSIA*	ALPHA-1-PROTEINASE INHIBITOR

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GLATIRAMER ACETATE	GLATIRAMER ACETATE
GLATOPA	GLATIRAMER ACETATE
GLEEVEC	IMATINIB MESYLATE
GONAL-F	FOLLITROPIN ALFA, RECOMBINANT
GONAL-F RFF	FOLLITROPIN ALFA, RECOMBINANT
GONAL-F RFF REDI-JECT	FOLLITROPIN ALFA, RECOMBINANT
HADLIMA	ADALIMUMAB-BWWD
HADLIMA PUSHTOUCH	ADALIMUMAB-BWWD
HADLIMA(CF)	ADALIMUMAB-BWWD
HADLIMA(CF) PUSHTOUCH	ADALIMUMAB-BWWD
HAEGARDA	C1 ESTERASE INHIBITOR
HALAVEN*	ERIBULIN MESYLATE
HARVONI	LEDIPASVIR/SOFOSBUVIR
HEMGENIX*	ETRANACOGENE DEZAPARVOVEC-DRLB
HEMLIBRA	EMICIZUMAB-KXWH
HEMOFIL M*	ANTIHEMOPHILIC FACTOR, HUMAN
HERCEPTIN HYLECTA*	TRASTUZUMAB-HYALURONIDASE-OYSK
HERCEPTIN*	TRASTUZUMAB
HERZUMA*	TRASTUZUMAB-PKRB
HETLIOZ	TASIMELTEON
HETLIOZ LQ	TASIMELTEON
HIZENTRA*	IMMUN GLOB G(IGG)/PRO/IGA 0-50
HULIO(CF)	ADALIMUMAB-FKJP
HULIO(CF) PEN	ADALIMUMAB-FKJP
HUMATE-P*	ANTIHEMOPHILIC FACTOR/VWF
HUMATIN	PAROMOMYCIN SULFATE
HUMATROPE	SOMATROPIN
HUMIRA	ADALIMUMAB
HUMIRA PEN	ADALIMUMAB
HUMIRA PEN CROHN'S-UC-HS	ADALIMUMAB
HUMIRA PEN PSOR-UVEITS-ADOL HS	ADALIMUMAB
HUMIRA(CF)	ADALIMUMAB
HUMIRA(CF) PEDIATRIC CROHN'S	ADALIMUMAB
HUMIRA(CF) PEN	ADALIMUMAB
HUMIRA(CF) PEN CROHN'S-UC-HS	ADALIMUMAB
HUMIRA(CF) PEN PEDIATRIC UC	ADALIMUMAB
HUMIRA(CF) PEN PSOR-UV-ADOL HS	ADALIMUMAB
HYALGAN*	HYALURONATE SODIUM
HYCAMTIN	TOPOTECAN HCL
HYMOVIS*	HYALURONATE,MOD.,NON-CROSSLINK
HYQVIA*	IGG/HYALURONIDASE,RECOMBINANT
HYRIMOZ(CF)	ADALIMUMAB-ADAZ

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HYRIMOZ(CF) PEDIATRIC CROHN'S	ADALIMUMAB-ADAZ
HYRIMOZ(CF) PEN	ADALIMUMAB-ADAZ
HYRIMOZ(CF) PEN CROHN-UC START	ADALIMUMAB-ADAZ
HYRIMOZ(CF) PEN PSORIASIS	ADALIMUMAB-ADAZ
IBRANCE	PALBOCICLIB
IDACIO(CF)	ADALIMUMAB-AACF
IDACIO(CF) PEN	ADALIMUMAB-AACF
IDACIO(CF) PEN CROHN'S-UC	ADALIMUMAB-AACF
IDACIO(CF) PEN PSORIASIS	ADALIMUMAB-AACF
IDELVION*	FACTOR IX RECOM,ALBUMIN FUSION
IDHIFA	ENASIDENIB MESYLATE
ILARIS*	CANAKINUMAB/PF
ILUMYA*	TILDRAKIZUMAB-ASMN
ILUVIEN*	FLUOCINOLONE ACETONIDE
IMATINIB MESYLATE	IMATINIB MESYLATE
IMBRUVICA	IBRUTINIB
IMFINZI*	DURVALUMAB
IMJUDO*	TREMELIMUMAB-ACTL
INCRELEX	MECASERMIN
INFLECTRA*	INFLIXIMAB-DYYB
INFLIXIMAB*	INFLIXIMAB
INLYTA	AXITINIB
INQOVI	DECITABINE/CEDAZURIDINE
INREBIC	FEDRATINIB DIHYDROCHLORIDE
IRESSA	GEFITINIB
ISTODAX*	ROMIDEPSIN
IXEMPRA*	IXABEPILONE
IXINITY*	FACTOR IX HUMAN RECOMB,THR 148
JADENU	DEFERASIROX
JADENU SPRINKLE	DEFERASIROX
JAKAFI	RUXOLITINIB PHOSPHATE
JAVYGTOR	SAPROPTERIN DIHYDROCHLORIDE
JAYPIRCA	PIRTOBRUTINIB
JEMPERLI*	DOSTARLIMAB-GXLY
JEVTANA*	CABAZITAXEL
JIVI*	FVIII REC,B-DOM DELET PEG-AUCL
JUXTAPID	LOMITAPIDE MESYLATE
KADCYLA*	ADO-TRASTUZUMAB EMTANSINE
KALBITOR*	ECALLANTIDE
KALYDECO	IVACAFTOR
KANJINTI*	TRASTUZUMAB-ANNS
KANUMA*	SEBELIPASE ALFA

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KESIMPTA PEN	OFATUMUMAB
KEVZARA	SARILUMAB
KISQALI	RIBOCICLIB SUCCINATE
KISQALI FEMARA CO-PACK	RIBOCICLIB SUCCINATE/LETROZOLE
KOATE*	ANTIHEMOPHILIC FACTOR, HUMAN
KOGENATE FS*	ANTIHEMOPHIL.FVIII,FULL LENGTH
KOVALTRY*	ANTIHEMOPHIL.FVIII,FULL LENGTH
KRYSTEXXA*	PEGLOTICASE
KUVAN	SAPROPTERIN DIHYDROCHLORIDE
LANREOTIDE ACETATE*	LANREOTIDE ACETATE
LAPATINIB	LAPATINIB DITOSYLATE
LEDIPASVIR-SOFOSBUVIR	LEDIPASVIR/SOFOSBUVIR
LEMTRADA*	ALEMTUZUMAB
LENALIDOMIDE	LENALIDOMIDE
LENVIMA	LENVATINIB MESYLATE
LETAIRIS	AMBRISENTAN
LIQREV	SILDENAFIL CITRATE
LITFULO	RITLECITINIB TOSYLATE
LONSURF	TRIFLURIDINE/TIPIRACIL HCL
LORBRENA	LORLATINIB
LUCENTIS*	RANIBIZUMAB
LUMAKRAS	SOTORASIB
LUMIZYME*	ALGLUCOSIDASE ALFA
LUMRYZ	SODIUM OXYBATE
LUNSUMIO*	MOSUNETUZUMAB-AXGB
LUPANETA PACK*	LEUPROLIDE/NORETHINDRONE ACET
LUPRON DEPOT*	LEUPROLIDE ACETATE
LUPRON DEPOT-PED*	LEUPROLIDE ACETATE
LUXTURNA*	VORETIGENE NEPARVOVEC-RZYL
LYFGENIA*	LOVOTIBEGLOGENE AUTOTEMCEL
LYNPARZA	OLAPARIB
MAVENCLAD	CLADRIBINE
MAVYRET	GLECAPREVIR/PIBRENTASVIR
MAYZENT	SIPONIMOD
MEKINIST	TRAMETINIB DIMETHYL SULFOXIDE
MEKTOVI	BINIMETINIB
MENOPUR	MENOTROPINS
MEPSEVII*	VESTRONIDASE ALFA-VJBK
MIGLUSTAT	MIGLUSTAT
MITOXANTRONE HCL*	MITOXANTRONE HCL
MONONINE*	FACTOR IX
MONOVISC*	HYALURONATE SODIUM, STABILIZED

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MOZOBIL*	PLERIXAFOR
MULPLETA	LUSUTROMBOPAG
MVASI*	BEVACIZUMAB-AWWB
MYALEPT	METRELEPTIN
MYLOTARG*	GEMTUZUMAB OZOGAMICIN
MYOBLOC*	RIMABOTULINUMTOXINB
NAGLAZYME*	GALSULFASE
NATPARA	PARATHYROID HORMONE
NELARABINE*	NELARABINE
NERLYNX	NERATINIB MALEATE
NEXAVAR	SORAFENIB TOSYLATE
NEXPLANON*	ETONOGESTREL
NEXVIAZYME*	AVALGLUCOSIDASE ALFA-NGPT
NGENLA	SOMATROGON-GHLA
NINLARO	IXAZOMIB CITRATE
NITISINONE	NITISINONE
NITYR	NITISINONE
NORDITROPIN FLEXPRO	SOMATROPIN
NORTHERA	DROXIDOPA
NOURIANZ	ISTRADEFYLLINE
NOVAREL	CHORIONIC GONADOTROPIN, HUMAN
NOVOEIGHT*	ANTIHEMOPH.FVIII,B-DOM TRUNCAT
NOVOSEVEN RT*	COAGULATION FACTOR VIIA,RECOMB
NPLATE*	ROMIPLOSTIM
NUBEQA	DAROLUTAMIDE
NUCALA	MEPOLIZUMAB
NUPLAZID	PIMAVANSERIN TARTRATE
NUTROPIN AQ NUSPIN	SOMATROPIN
NUWIQ*	ANTIHEMOPH.FVIII,HEK B-DELETE
OICALIVA	OBETICHOLIC ACID
OCREVUS*	OCRELIZUMAB
OCTAGAM*	IMMUN GLOBG(IGG)/MALT/IGA OV50
ODOMZO	SONIDEGIB PHOSPHATE
OFEV	NINTEDANIB ESYLATE
OGIVRI*	TRASTUZUMAB-DKST
OLUMIANT	BARICITINIB
OMNITROPE	SOMATROPIN
OMVOH PEN	MIRIKIZUMAB-MRKZ
OMVOH*	MIRIKIZUMAB-MRKZ
ONPATTRO*	PATISIRAN SODIUM,LIPID COMPLEX
ONUREG	AZACITIDINE
OPDIVO*	NIVOLUMAB

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OPDUALAG*	NIVOLUMAB-RELATLIMAB-RMBW
OPFOLDA	MIGLUSTAT
OPSUMIT	MACITENTAN
ORENCIA	ABATACEPT
ORENCIA CLICKJECT	ABATACEPT
ORENCIA*	ABATACEPT/MALTOSE
ORENITRAM ER	TREPROSTINIL DIOLAMINE
ORENITRAM MONTH 1 TITRATION KT	TREPROSTINIL DIOLAMINE
ORENITRAM MONTH 2 TITRATION KT	TREPROSTINIL DIOLAMINE
ORENITRAM MONTH 3 TITRATION KT	TREPROSTINIL DIOLAMINE
ORKAMBI	LUMACAFTOR/IVACAFTOR
ORTHOVISC*	HYALURONATE SODIUM
OTEZLA	APREMILAST
OVIDREL	CHORIOGONADOTROPIN ALFA
OXBRYTA	VOXELOTOR
OXERVATE	CENEGERMIN-BKBJ
OZURDEX*	DEXAMETHASONE
PACLITAXEL PROTEIN-BOUND*	PACLITAXEL PROTEIN-BOUND
PADCEV*	ENFORTUMAB VEDOTIN-EJFV
PALYNZIQ	PEGVALIASE-PQPZ
PANZYGA*	IMMUN GLOB G(IGG)-IFAS/GLYCINE
PAZOPANIB HCL	PAZOPANIB HCL
PEGASYS	PEGINTERFERON ALFA-2A
PEGINTRON	PEGINTERFERON ALFA-2B
PERJETA*	PERTUZUMAB
PHEBURANE	SODIUM PHENYLBUTYRATE
PHESGO*	PERTUZUMAB-TRASTUZUMAB-HY-ZZXF
PIQRAY	ALPELISIB
PIRFENIDONE	PIRFENIDONE
PLEGRIDY	PEGINTERFERON BETA-1A
PLEGRIDY PEN	PEGINTERFERON BETA-1A
POLIVY*	POLATUZUMAB VEDOTIN-PIIQ
POMALYST	POMALIDOMIDE
POMBILITI*	CIPAGLUCOSIDASE ALFA-ATGA
PONVORY	PONESIMOD
PORTRAZZA*	NECITUMUMAB
PRALATREXATE*	PRALATREXATE
PREGNYL	CHORIONIC GONADOTROPIN, HUMAN
PRIVIGEN*	IMMUN GLOB G(IGG)/PRO/IGA 0-50
PROCRIT	EPOETIN ALFA
PROCYSBI	CYSTEAMINE BITARTRATE
PROFILNINE*	FACTOR IX CPLX(PCC)NO4,3FACTOR

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PROGESTERONE*	PROGESTERONE
PROLEUKIN*	ALDESLEUKIN
PROLIA*	DENOSUMAB
PROMACTA	ELTROMBOPAG OLAMINE
PULMOZYME	DORNASE ALFA
RADICAVA ORS	EDARAVONE
RAVICTI	GLYCEROL PHENYL BUTYRATE
REBIF	INTERFERON BETA-1A/ALBUMIN
REBIF REBIDOSE	INTERFERON BETA-1A/ALBUMIN
REBINYN*	FACTOR IX HUMAN REC, PEGYLATED
REBYOTA	FECAL MICROBIOTA, LIVE-JSLM
RECOMBIMATE*	ANTIHEMOPHILIC FACTOR, HUM REC
RELYVRIO	SOD PHENYL BUTYRAT/TAURURSODIOL
REMICADE*	INFLIXIMAB
REMODULIN*	TREPROSTINIL SODIUM
RENFLEXIS*	INFLIXIMAB-ABDA
RETACRIT*	EPOETIN ALFA-EPBX
RETEVMO	SELPERCATINIB
RETISERT*	FLUOCINOLONE ACETONIDE
REVATIO	SILDENAFIL CITRATE
REVATIO*	SILDENAFIL CITRATE
REVLIMID	LENALIDOMIDE
RIABNI*	RITUXIMAB-ARRX
RIASTAP*	FIBRINOGEN
RIBAVIRIN	RIBAVIRIN
RINVOQ	UPADACITINIB
RITUXAN HYCELA*	RITUXIMAB/HYALURONIDASE, HUMAN
RITUXAN*	RITUXIMAB
RIXUBIS*	FACTOR IX HUMAN RECOMBINANT
ROCTAVIAN*	VALOCTOCOGENE ROXAPARVOVC-RVOX
ROZLYTREK	ENTRECTINIB
RUBRACA	RUCAPARIB CAMSYLATE
RUCONEST*	C1 ESTERASE INHIBITOR, RECOMB
RUXIENCE*	RITUXIMAB-PVVR
RYBREVANT*	AMIVANTAMAB-VMJW
RYDAPT	MIDOSTAURIN
SABRIL	VIGABATRIN
SAJAZIR	ICATIBANT ACETATE
SAMSCA	TOLVAPTAN
SANDOSTATIN	OCTREOTIDE ACETATE
SANDOSTATIN LAR DEPOT*	OCTREOTIDE ACETATE, MI-SPHERES
SAPROPTERIN DIHYDROCHLORIDE	SAPROPTERIN DIHYDROCHLORIDE

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Mandatory Specialty Drug List

Brand Name	Generic Name
SCEMBLIX	ASCIMINIB HYDROCHLORIDE
SEROSTIM	SOMATROPIN
SEVENFACT*	COAGULATION VIIIA,RECOMB-JNCW
SILIQ	BRODALUMAB
SIMPONI	GOLIMUMAB
SIMPONI ARIA*	GOLIMUMAB
SKYRIZI	RISANKIZUMAB-RZAA
SKYRIZI (2 SYRINGES) KIT	RISANKIZUMAB-RZAA
SKYRIZI ON-BODY	RISANKIZUMAB-RZAA
SKYRIZI PEN	RISANKIZUMAB-RZAA
SKYRIZI*	RISANKIZUMAB-RZAA
SKYTROFA	LONAPEGSSOMATROPIN-TCGD
SOFOSBUVIR-VELPATASVIR	SOFOSBUVIR/VELPATASVIR
SOGROYA	SOMAPACITAN-BECO
SOLIRIS*	ECULIZUMAB
SOMATULINE DEPOT*	LANREOTIDE ACETATE
SOMAVERT	PEGVISOMANT
SORAFENIB	SORAFENIB TOSYLATE
SOTYKTU	DEUCRAVACITINIB
SOVALDI	SOFOSBUVIR
SPEVIGO*	SPESOLIMAB-SBZO
SPINRAZA*	NUSINERSEN SODIUM/PF
SPRYCEL	DASATINIB
STELARA	USTEKINUMAB
STELARA*	USTEKINUMAB
STIVARGA	REGORAFENIB
SUNITINIB MALATE	SUNITINIB MALATE
SUPARTZ FX*	HYALURONATE SODIUM
SUPPRELIN LA*	HISTRELIN ACETATE
SUTENT	SUNITINIB MALATE
SYFOVRE*	PEGCETACOPLAN/PF
SYLVANT*	SILTUXIMAB
SYMDEKO	TEZACAFTOR/IVACAFTOR
SYNAGIS*	PALIVIZUMAB
SYNVISC*	HYLAN G-F 20
SYNVISC-ONE*	HYLAN G-F 20
TABRECTA	CAPMATINIB HYDROCHLORIDE
TADLIQ	TADALAFIL
TAFINLAR	DABRAFENIB MESYLATE
TAGRISO	OSIMERTINIB MESYLATE
TAKHZYRO	LANADELUMAB-FLYO
TALTZ AUTOINJECTOR	IXEKIZUMAB

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Mandatory Specialty Drug List

Brand Name	Generic Name
TALTZ AUTOINJECTOR (2 PACK)	IXEKIZUMAB
TALTZ AUTOINJECTOR (3 PACK)	IXEKIZUMAB
TALTZ SYRINGE	IXEKIZUMAB
TALZENNA	TALAZOPARIB TOSYLATE
TARCEVA	ERLOTINIB HCL
TASCENSO ODT	FINGOLIMOD LAURYL SULFATE
TASIGNA	NILOTINIB HCL
TASIMELTEON	TASIMELTEON
TECENTRIQ*	ATEZOLIZUMAB
TECFIDERA	DIMETHYL FUMARATE
TEGSEDI	INOTERSEN SODIUM
TEMODAR	TEMOZOLOMIDE
TEMODAR*	TEMOZOLOMIDE
TEMOZOLOMIDE	TEMOZOLOMIDE
TEMSIROLIMUS*	TEMSIROLIMUS
TEPEZZA*	TEPROTUMUMAB-TRBW
TERIFLUNOMIDE	TERIFLUNOMIDE
TERIPARATIDE	TERIPARATIDE
TETRABENAZINE	TETRABENAZINE
TEZSPIRE*	TEZEPELUMAB-EKKO
THALOMID	THALIDOMIDE
THYROGEN*	THYROTROPIN ALFA
TIOPRONIN	TIOPRONIN
TIVDAK*	TISOTUMAB VEDOTIN-TFTV
TOLVAPTAN	TOLVAPTAN
TORISEL*	TEMSIROLIMUS
TRACLEER	BOSENTAN
TRAZIMERA*	TRASTUZUMAB-QYYP
TREANDA*	BENDAMUSTINE HCL
TREMFYA	GUSELKUMAB
TREPROSTINIL*	TREPROSTINIL SODIUM
TRETEN*	FACTOR XIII A-SUBUNIT,RECOMB
TRIKAFTA	ELEXACAFTOR/TEZACAFTOR/IVACAFT
TRILURON*	HYALURONATE SODIUM
TRUXIMA*	RITUXIMAB-ABBS
TYKERB	LAPATINIB DITOSYLATE
TYMLOS	ABALOPARATIDE
TYSABRI*	NATALIZUMAB
TYVASO	TREPROSTINIL
TYVASO DPI	TREPROSTINIL
TYVASO INSTITUTIONAL START KIT	TREPROSTINIL/NEBULIZER/ACCESOR
TYVASO REFILL KIT	TREPROSTINIL/NEB ACCESSORIES

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Mandatory Specialty Drug List

Brand Name	Generic Name
TYVASO STARTER KIT	TREPROSTINIL/NEBULIZER/ACCESOR
ULTOMIRIS*	RAVULIZUMAB-CWVZ
UPLIZNA*	INEBILIZUMAB-CDON
UPTRAVI	SELEXIPAG
UPTRAVI*	SELEXIPAG
VABYSMO*	FARICIMAB-SVOA
VALCHLOR	MECHLORETHAMINE HCL
VANTAS*	HISTRELIN ACETATE
VECTIBIX*	PANITUMUMAB
VELCADE*	BORTEZOMIB
VELETRI*	EPOPROSTENOL SODIUM
VELSIPITY	ETRASIMOD ARGININE
VENTAVIS	ILOPROST TROMETHAMINE
VERZENIO	ABEMACICLIB
VIDAZA*	AZACITIDINE
VIGABATRIN	VIGABATRIN
VIMIZIM*	ELOSULFASE ALFA
VISCO-3*	HYALURONATE SODIUM
VISUDYNE*	VERTEPORFIN
VITRAKVI	LAROTRECTINIB SULFATE
VIVIMUSTA*	BENDAMUSTINE HCL
VIZIMPRO	DACOMITINIB
VONVENDI*	VON WILLEBRAND FACTOR
VOSEVI	SOFOSBUVIR/VELPATAS/VOXILAPREV
VOTRIENT	PAZOPANIB HCL
VOXZOGO	VOSORITIDE
VPRIV*	VELAGLUCERASE ALFA
VUMERITY	DIROXIMEL FUMARATE
VYNDAMAX	TAFAMIDIS
VYNDAQEL	TAFAMIDIS MEGLUMINE
VYVGART HYTRULO*	EFGARTIGIMOD-HYALURONIDAS-QVFC
VYVGART*	EFGARTIGIMOD ALFA-FCAB
WAKIX	PITOLISANT HCL
WILATE*	ANTIHEMOPHILIC FACTOR/VWF
XALKORI	CRIZOTINIB
XELJANZ	TOFACITINIB CITRATE
XELJANZ XR	TOFACITINIB CITRATE
XELODA	CAPECITABINE
XEMBIFY*	IMMUNE GLOBULIN,GAMMA(IGG)KLHW
XENAZINE	TETRABENAZINE
XENPOZYME*	OLIPUDASE ALFA-RPCP
XEOMIN*	INCOBOTULINUMTOXINA

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Mandatory Specialty Drug List

Brand Name	Generic Name
XGEVA*	DENOSUMAB
XIPERE*	TRIAMCINOLONE ACETONIDE/PF
XOLAIR*	OMALIZUMAB
XTANDI	ENZALUTAMIDE
XYNTHA SOLOFUSE*	ANTIHEMOPH.FVIII,B-DOMAIN DEL
XYNTHA*	ANTIHEMOPH.FVIII,B-DOMAIN DEL
YERVOY*	IPILIMUMAB
YONSA	ABIRATERONE ACET,SUBMICRONIZED
ZALTRAP*	ZIV-AFLIBERCEPT
ZAVESCA	MIGLUSTAT
ZEJULA	NIRAPARIB TOSYLATE
ZELBORAF	VEMURAFENIB
ZEMAIRA*	ALPHA-1-PROTEINASE INHIBITOR
ZEPATIER	ELBASVIR/GRAZOPREVIR
ZEPOSIA	OZANIMOD HYDROCHLORIDE
ZIRABEV*	BEVACIZUMAB-BVZR
ZOLADEX*	GOSERELIN ACETATE
ZOLGENSMA*	ONASEMNOGENE ABEPARVOVEC-XIOI
ZOLINZA	VORINOSTAT
ZOMACTON	SOMATROPIN
ZORBTIVE	SOMATROPIN
ZURZUVAE	ZURANOLONE
ZYDELIG	IDELALISIB
ZYKADIA	CERITINIB
ZYTIGA	ABIRATERONE ACETATE

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Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው፡ 711)።

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ໂປດອຸບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສິ່ງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجہ: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.