

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
ABIRTEGA	ABIRATERONE ACETATE
ABRAXANE*	PACLITAXEL PROTEIN-BOUND
ACTEMRA	TOCILIZUMAB
ACTEMRA ACTPEN	TOCILIZUMAB
ACTEMRA*	TOCILIZUMAB
ACTHAR	CORTICOTROPIN
ACTHAR SELFJECT	CORTICOTROPIN
ACTIMMUNE	INTERFERON GAMMA-1B, RECOMB.
ADALIMUMAB-AACF(CF) (2 PK)	ADALIMUMAB-AACF
ADALIMUMAB-AACF(CF) PEN (2 PK)	ADALIMUMAB-AACF
ADALIMUMAB-AACF(CF) PEN CROHNS	ADALIMUMAB-AACF
ADALIMUMAB-AACF(CF) PEN PS-UV	ADALIMUMAB-AACF
ADALIMUMAB-ADAZ(CF)	ADALIMUMAB-ADAZ
ADALIMUMAB-ADAZ(CF) PEN	ADALIMUMAB-ADAZ
ADALIMUMAB-ADBM(CF)	ADALIMUMAB-ADBM
ADALIMUMAB-ADBM(CF) PEN	ADALIMUMAB-ADBM
ADALIMUMAB-ADBM(CF) PEN CROHNS	ADALIMUMAB-ADBM
ADALIMUMAB-ADBM(CF) PEN PS-UV	ADALIMUMAB-ADBM
ADALIMUMAB-ADBM(CF)PEN	ADALIMUMAB-ADBM
ADALIMUMAB-RYVK(CF)	ADALIMUMAB-RYVK
ADALIMUMAB-RYVK(CF) AUTOINJECT	ADALIMUMAB-RYVK
ADBRY	TRALOKINUMAB-LDRM
ADBRY AUTOINJECTOR	TRALOKINUMAB-LDRM
ADCETRIS*	BRENTUXIMAB VEDOTIN
ADCIRCA	TADALAFIL
ADEMPAS	RIOCIGUAT
ADUHELM*	ADUCANUMAB-AVWA
ADVATE*	ANTIHEMOPHIL.FVIII,FULL LENGTH
ADYNOVATE*	ANTIHEMO.FVIII,FULL LENGTH PEG

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
AFINITOR	EVEROLIMUS
AFINITOR DISPERZ	EVEROLIMUS
AFSTYLA*	ANTIHEM.FVIII,SIN-CHN,B-DM TRU
ALDURAZYME*	LARONIDASE
ALECENSA	ALECTINIB HCL
ALHEMO PEN	CONCIZUMAB-MTCI
ALPHANATE*	ANTIHEMOPHILIC FACTOR/VWF
ALPHANINE SD*	FACTOR IX
ALPROLIX*	FACTOR IX REC, FC FUSION PROTN
ALTUVIIIIO*	FVIII REC,FC-VWF-XTEN,BDD-EHTL
ALVAIZ	ELTROMBOPAG CHOLINE
ALYFTREK	VANZACAF/TEZACAF/DEUTIVACAF
ALYGLO*	IMMUNE GLOBULIN,GAMMA(IGG)STWK
ALYMSYS*	BEVACIZUMAB-MALY
AMBRISENTAN	AMBRISENTAN
AMJEVITA(CF)	ADALIMUMAB-ATTO
AMJEVITA(CF) AUTOINJECTOR	ADALIMUMAB-ATTO
AMPYRA	DALFAMPRIDINE
AMVUTTRA*	VUTRISIRAN SODIUM
ANKTIVA*	NOGAPENDEKIN ALFA INBAKIC-PMLN
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
AURLUMYN*	ILOPROST TROMETHAMINE
AUSTEDO	DEUTETRABENAZINE
AUSTEDO XR	DEUTETRABENAZINE
AUSTEDO XR TITRATION KT(WK1-4)	DEUTETRABENAZINE
AVASTIN*	BEVACIZUMAB
AVONEX	INTERFERON BETA-1A
AVONEX (4 PACK)	INTERFERON BETA-1A
AVONEX PEN (4 PACK)	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

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
BENLYSTA	BELIMUMAB
BENLYSTA*	BELIMUMAB
BEOVU*	BROLUCIZUMAB-DBLL
BEQVEZ*	FIDANACOGENE ELAPARVOVEC-DZKT
BERINERT*	C1 ESTERASE INHIBITOR
BESPONS*	INOTUZUMAB OZOGAMICIN
BETAINE ANHYDROUS	BETAINE
BETASERON	INTERFERON BETA-1B
BEXAROTENE	BEXAROTENE
BIMZELX	BIMEKIZUMAB-BKZX
BIMZELX AUTOINJECTOR	BIMEKIZUMAB-BKZX
BIVIGAM*	IMMUN GLOB G(IGG)/GLY/IGA OV50
BORTEZOMIB*	BORTEZOMIB
BOSENTAN	BOSENTAN
BOSULIF	BOSUTINIB
BOTOX*	ONABOTULINUMTOXINA
BRAFTOVI	ENCORAFENIB
BRIUMVI*	UBLITUXIMAB-XIIY
BRONCHITOL	MANNITOL
BYLVAY	ODEVIXIBAT
BYOOVIZ*	RANIBIZUMAB-NUNA
CABOMETYX	CABOZANTINIB S-MALATE
CAMZYOS	MAVACAMTEN
CAPECITABINE	CAPECITABINE
CARBAGLU	CARGLUMIC ACID
CARGLUMIC ACID	CARGLUMIC ACID
CAYSTON	AZTREONAM LYSINE
CEPROTIN*	PROTEIN C, HUMAN
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
CIMZIA (2 PACK)	CERTOLIZUMAB PEGOL
CINRYZE*	C1 ESTERASE INHIBITOR
COAGADEX*	COAGULATION FACTOR X
COLUMVI*	GLOFITAMAB-GXBM
COMETRIQ	CABOZANTINIB S-MALATE
COPAXONE	GLATIRAMER ACETATE

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
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
CRYSVITA*	BUROSUMAB-TWZA
CUTAQUIG*	IMMUN GLOB G(IGG)-HIPPI/MALTOSE
CUVITRU*	IMMUN GLOB G(IGG)/GLY/IGA OV50
CYLTEZO(CF)	ADALIMUMAB-ADB
CYLTEZO(CF) PEN	ADALIMUMAB-ADB
CYLTEZO(CF) PEN CROHN'S-UC-HS	ADALIMUMAB-ADB
CYLTEZO(CF) PEN PSORIASIS-UV	ADALIMUMAB-ADB
CYRAMZA*	RAMUCIRUMAB
CYTOGAM*	CYTOMEGALOVIRUS IMMUNE GLOBULIN
DACOGEN*	DECITABINE
DALFAMPRIDINE ER	DALFAMPRIDINE
DARZALEX FASPRO*	DARATUMUMAB-HYALURONIDASE-FIHJ
DARZALEX*	DARATUMUMAB
DASATINIB	DASATINIB
DAURISMO	GLASDEGIB MALEATE
DAXXIFY*	DAXIBOTULINUMTOXIN-A-LANM
DDAVP*	DESMOPRESSIN ACETATE
DECITABINE*	DECITABINE
DEFERASIROX	DEFERASIROX
DEFERIPRONE	DEFERIPRONE
DEFERIPRONE (3 TIMES A DAY)	DEFERIPRONE
DEFLAZACORT	DEFLAZACORT
DESMOPRESSIN ACETATE*	DESMOPRESSIN ACETATE
DICHLORPHENAMIDE	DICHLORPHENAMIDE
DILUENT FOR EPOPROSTENOL*	DILUENT FOR EPOPROSTENOL (GLY)
DILUENT FOR REMODULIN*	DILUENT FOR TREPROSTINIL (GLY)
DILUENT FOR TREPROSTINIL*	DILUENT FOR TREPROSTINIL (GLY)
DIMETHYL FUMARATE	DIMETHYL FUMARATE
DOJOLVI	TRIHEPTANOIN
DOPTELET	AVATROMBOPAG MALEATE
DROXIDOPA	DROXIDOPA
DUOPA*	CARBIDOPA/LEVODOPA

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
DUPIXENT PEN	DUPILUMAB
DUPIXENT SYRINGE	DUPILUMAB
DUROLANE*	HYALURONATE SODIUM, STABILIZED
DURYSTA*	BIMATOPROST
DYSPORT*	ABOBOTULINUMTOXINA
EBGLYSS PEN	LEBRIKIZUMAB-LBKZ
EBGLYSS SYRINGE	LEBRIKIZUMAB-LBKZ
EGRIFTA SV*	TESAMORELIN ACETATE
ELAPRASE*	IDURSULFASE
ELELYSO*	TALIGLUCERASE ALFA
ELEVIDYS*	DELANDISTROGENE MOXEPARVC-ROKL
ELFABRIO*	PEGUNIGALSIDASE ALFA-IWXJ
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	SOFOSBUVIR/VELPATASVIR
EPIDIOLEX	CANNABIDIOL (CBD)
EPOGEN	EPOETIN ALFA
EPOPROSTENOL SODIUM*	EPOPROSTENOL SODIUM (GLYCINE)
EPOPROSTENOL SODIUM*	EPOPROSTENOL SODIUM
ERBITUX*	CETUXIMAB
ERIVEDGE	VISMODEGIB
ERLEADA	APALUTAMIDE
ERLOTINIB HCL	ERLOTINIB HCL
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

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
EXTAVIA	INTERFERON BETA-1B
EYLEA HD*	AFLIBERCEPT
EYLEA*	AFLIBERCEPT
FABRAZYME*	AGALSIDASE BETA
FASENRA	BENRALIZUMAB
FASENRA PEN	BENRALIZUMAB
FEIBA*	ANTI-INHIBITOR COAGULANT COMP.
FENSOLVI*	LEUPROLIDE ACETATE
FINGOLIMOD	FINGOLIMOD HCL
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(IGG)/GLY/IGA 0-50
GAMMAPLEX*	IMMUN GLOB G/SORB/GLY/IGA 0-50
GAMUNEX-C*	IMMUNE GLOBUL G/GLY/IGA AVG 46
GANIRELIX ACETATE	GANIRELIX ACETATE
GATTEX	TEDUGLUTIDE
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
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

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
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
HYCAMTIN*	TOPOTECAN HCL
HYMOVIS*	HYALURONATE,MOD.,NON-CROSSLINK
HYMPAVZI PEN	MARSTACIMAB-HNCQ
HYQVIA*	IGG/HYALURONIDASE,RECOMBINANT
HYRIMOZ(CF)	ADALIMUMAB-ADAZ
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
IBANDRONATE SODIUM*	IBANDRONATE SODIUM
IBRANCE	PALBOCICLIB
IDACIO(CF) (2 PACK)	ADALIMUMAB-AACF
IDACIO(CF) PEN (2 PACK)	ADALIMUMAB-AACF

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
IDACIO(CF) PEN CROHN'S-UC(6PK)	ADALIMUMAB-AACF
IDACIO(CF) PEN PSORIASIS (4PK)	ADALIMUMAB-AACF
IDELVION*	FACTOR IX RECOM,ALBUMIN FUSION
IDHIFA	ENASIDENIB MESYLATE
ILARIS	CANAKINUMAB/PF
ILUMYA	TILDRAKIZUMAB-ASMN
ILUVIEN*	FLUOCINOLONE ACETONIDE
IMATINIB MESYLATE	IMATINIB MESYLATE
IMFINZI*	DURVALUMAB
IMJUDO*	TREMELIMUMAB-ACTL
IMKELDI	IMATINIB MESYLATE
INFLECTRA*	INFLIXIMAB-DYYB
INFLIXIMAB*	INFLIXIMAB
INLYTA	AXITINIB
INQOVI	DECITABINE/CEDAZURIDINE
INREBIC	FEDRATINIB DIHYDROCHLORIDE
IQIRVO	ELAFIBRANOR
IRESSA	GEFITINIB
ISTODAX*	ROMIDEPSIN
ITOVEBI	INAVOLISIB
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
KESIMPTA PEN	OFATUMUMAB
KEVZARA	SARILUMAB
KISQALI	RIBOCICLIB SUCCINATE
KISQALI FEMARA CO-PACK	RIBOCICLIB SUCCINATE/LETROZOLE
KISUNLA*	DONANEMAB-AZBT
KOATE*	ANTIHEMOPHILIC FACTOR, HUMAN

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
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
LENMELDY*	ATIDARSAGENE AUTOTEMCEL
LENVIMA	LENVATINIB MESYLATE
LETAIRIS	AMBRISENTAN
LEUKINE	SARGRAMOSTIM
LEUPROLIDE ACETATE*	LEUPROLIDE ACETATE
L-GLUTAMINE	GLUTAMINE
LIQREV	SILDENAFIL CITRATE
LITFULO	RITLECITINIB TOSYLATE
LONSURF	TRIFLURIDINE/TIPIRACIL HCL
LORBRENA	LORLATINIB
LUCENTIS*	RANIBIZUMAB
LUMAKRAS	SOTORASIB
LUMIZYME*	ALGLUCOSIDASE ALFA
LUMRYZ	SODIUM OXYBATE
LUMRYZ STARTER PACK	SODIUM OXYBATE
LUNSUMIO*	MOSUNETUZUMAB-AXGB
LUPRON DEPOT*	LEUPROLIDE ACETATE
LUPRON DEPOT-PED*	LEUPROLIDE ACETATE
LUXTURN*	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
MIFEPRISTONE	MIFEPRISTONE
MIGLUSTAT	MIGLUSTAT
MITOXANTRONE HCL*	MITOXANTRONE HCL
MONOVISC*	HYALURONATE SODIUM, STABILIZED
MOZOBIL*	PLERIXAFOR

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
MULPLETA	LUSUTROMBOPAG
MVASI*	BEVACIZUMAB-AWWB
MYALEPT	METRELEPTIN
MYLOTARG*	GEMTUZUMAB OZOGAMICIN
MYOBLOC*	RIMABOTULINUMTOXINB
NAGLAZYME*	GALSULFASE
NATPARA	PARATHYROID HORMONE
NELARABINE*	NELARABINE
NEMLUVIO	NEMOLIZUMAB-ILTO
NERLYNX	NERATINIB MALEATE
NEXAVAR	SORAFENIB TOSYLATE
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
NUWIQ*	ANTIHEMOPH.FVIII,HEK B-DELETE
OCALIVA	OBETICHOLIC ACID
OCREVUS ZUNOVO*	OCRELIZUMAB-HYALURONIDASE-OCSQ
OCREVUS*	OCRELIZUMAB
OCTAGAM*	IMMUN GLOBG(IGG)/MALT/IGA OV50
OCTREOTIDE ACETATE ER*	OCTREOTIDE ACETATE,MI-SPHERES
OCTREOTIDE ACETATE*	OCTREOTIDE ACETATE
ODOMZO	SONIDEGIB PHOSPHATE
OFEV	NINTEDANIB ESYLATE
OGIVRI*	TRASTUZUMAB-DKST
OLUMIANT	BARICITINIB
OMNITROPE	SOMATROPIN
OMVOH	MIRIKIZUMAB-MRKZ
OMVOH PEN	MIRIKIZUMAB-MRKZ
OMVOH*	MIRIKIZUMAB-MRKZ
ONPATTRO*	PATISIRAN SODIUM,LIPID COMPLEX

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
ONUREG	AZACITIDINE
OPDIVO*	NIVOLUMAB
OPDUALAG*	NIVOLUMAB-RELATLIMAB-RMBW
OPFOLDA	MIGLUSTAT
OPSUMIT	MACITENTAN
OPSYNVI	MACITENTAN/TADALAFIL
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
PERJETA*	PERTUZUMAB
PH 12 DILUENT FOR FLOLAN*	DILUENT FOR EPOPROSTENOL(GLYC)
PHEBURANE	SODIUM PHENYLBUTYRATE
PHESGO*	PERTUZUMAB-TRASTUZUMAB-HY-ZZXF
PIASKY*	CROVALIMAB-AKKZ
PIQRAY	ALPELISIB
PIRFENIDONE	PIRFENIDONE
PLEGRIDY	PEGINTERFERON BETA-1A
PLEGRIDY PEN	PEGINTERFERON BETA-1A
PLERIXAFOR*	PLERIXAFOR
POLIVY*	POLATUZUMAB VEDOTIN-PIIQ
POMALYST	POMALIDOMIDE
POMBILIT*	CIPAGLUCOSIDASE ALFA-ATGA
PONVORY	PONESIMOD
PORTRAZZA*	NECITUMUMAB
PRALATREXATE*	PRALATREXATE

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
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
PROGESTERONE*	PROGESTERONE
PROLASTIN C*	ALPHA-1-PROTEINASE INHIBITOR
PROLEUKIN*	ALDESLEUKIN
PROLIA*	DENOSUMAB
PROMACTA	ELTROMBOPAG OLAMINE
PULMOZYME	DORNASE ALFA
PYRIMETHAMINE	PYRIMETHAMINE
RADICAVA ORS	EDARAVONE
RAVICTI	GLYCEROL PHENYLBUTYRATE
REBIF	INTERFERON BETA-1A/ALBUMIN
REBIF REBIDOSE	INTERFERON BETA-1A/ALBUMIN
REBINYN*	FACTOR IX HUMAN REC, PEGYLATED
REBYOTA	FECAL MICROBIOTA, LIVE-JSLM
RECLAST*	ZOLEDRONIC ACID/MANNITOL-WATER
RECOMBINATE*	ANTIHEMOPHILIC FACTOR, HUM REC
RELYVRIO	SOD PHENYLBUTYRAT/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
REZDIFFRA	RESMETIROM
RIABNI*	RITUXIMAB-ARRX
RIASTAP*	FIBRINOGEN
RIBAVIRIN	RIBAVIRIN
RINVOQ	UPADACITINIB
RINVOQ LQ	UPADACITINIB
RITUXAN HYCELA*	RITUXIMAB/HYALURONIDASE, HUMAN
RITUXAN*	RITUXIMAB
RIXUBIS*	FACTOR IX HUMAN RECOMBINANT
ROCTAVIAN*	VALOCTOCOGENE ROXAPARVOVC-RVOX
ROZLYTREK	ENTRECTINIB
RUBRACA	RUCAPARIB CAMSYLATE

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
RUCONEST*	C1 ESTERASE INHIBITOR, RECOMB
RUXIENCE*	RITUXIMAB-PVVR
RYBREVAULT*	AMIVANTAMAB-VMJW
RYDAPT	MIDOSTAURIN
SABRIL	VIGABATRIN
SAJAZIR	ICATIBANT ACETATE
SAMSCA	TOLVAPTAN
SANDOSTATIN	OCTREOTIDE ACETATE
SANDOSTATIN LAR DEPOT*	OCTREOTIDE ACETATE,MI-SPHERES
SAPHNELO*	ANIFROLUMAB-FNIA
SAPROPTERIN DIHYDROCHLORIDE	SAPROPTERIN DIHYDROCHLORIDE
SEROSTIM	SOMATROPIN
SEVENFACT*	COAGULATION VIIA,RECOMB-JNCW
SILIQ	BRODALUMAB
SIMLANDI(CF)	ADALIMUMAB-RYVK
SIMLANDI(CF) AUTOINJECTOR	ADALIMUMAB-RYVK
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	LONAPEG SOMATROPIN-TCGD
SODIUM OXYBATE	SODIUM OXYBATE
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
SPEVIGO*	SPESOLIMAB-SBZO
SPINRAZA*	NUSINERSEN SODIUM/PF
SPRYCEL	DASATINIB
STELARA	USTEKINUMAB
STELARA*	USTEKINUMAB
STIVARGA	REGORAFENIB
SUNITINIB MALATE	SUNITINIB MALATE
SUPARTZ FX*	HYALURONATE SODIUM

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
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
TAGRISSO	OSIMERTINIB MESYLATE
TAKHZYRO	LANADELUMAB-FLYO
TALTZ AUTOINJECTOR	IXEKIZUMAB
TALTZ AUTOINJECTOR (2 PACK)	IXEKIZUMAB
TALTZ AUTOINJECTOR (3 PACK)	IXEKIZUMAB
TALTZ SYRINGE	IXEKIZUMAB
TALZENNA	TALAZOPARIB TOSYLATE
TARCEVA	ERLOTINIB HCL
TARGRETIN	BEXAROTENE
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
TOPOTECAN HCL*	TOPOTECAN HCL
TORISEL*	TEMSIROLIMUS

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
TRACLEER	BOSENTAN
TRAZIMERA*	TRASTUZUMAB-QYYP
TREANDA*	BENDAMUSTINE HCL
TREMFYA	GUSELKUMAB
TREMFYA PEN	GUSELKUMAB
TREMFYA*	GUSELKUMAB
TREPROSTINIL*	TREPROSTINIL SODIUM
TRETEN*	FACTOR XIII A-SUBUNIT,RECOMB
TRIKAFTA	ELEXACAFTOR/TEZACAFTOR/IVACAFT
TRILURON*	HYALURONATE SODIUM
TRUXIMA*	RITUXIMAB-ABBS
TYENNE	TOCILIZUMAB-AAZG
TYENNE AUTOINJECTOR	TOCILIZUMAB-AAZG
TYENNE*	TOCILIZUMAB-AAZG
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
TYVASO STARTER KIT	TREPROSTINIL/NEBULIZER/ACCESOR
ULTOMIRIS*	RAVULIZUMAB-CWVZ
UPLIZNA*	INEBILIZUMAB-CDON
UPTRAVI	SELEXIPAG
UPTRAVI*	SELEXIPAG
VABYSMO*	FARICIMAB-SVOA
VALCHLOR	MECHLORETHAMINE HCL
VALRUBICIN*	VALRUBICIN
VALSTAR*	VALRUBICIN
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

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
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
VYALEV*	FOSCARBIDOPA/FOSLEVODOPA
VYNDAMAX	TAFAMIDIS
VYNDAQEL	TAFAMIDIS MEGLUMINE
VYVGART HYTRULO*	EFGARTIGIMOD-HYALURONIDAS-QVFC
VYVGART*	EFGARTIGIMOD ALFA-FCAB
WAKIX	PITOLISANT HCL
WILATE*	ANTIHEMOPHILIC FACTOR/VWF
WINREVAIR	SOTATERCEPT-CSRK
WINREVAIR (2 PACK)	SOTATERCEPT-CSRK
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
XGEVA*	DENOSUMAB
XIPERE*	TRIAMCINOLONE ACETONIDE/PF
XOLAIR*	OMALIZUMAB
XTANDI	ENZALUTAMIDE
XYNTHA SOLOFUSE*	ANTIHEMOPH.FVIII,B-DOMAIN DEL
XYNTHA*	ANTIHEMOPH.FVIII,B-DOMAIN DEL
XYREM	SODIUM OXYBATE
XYWAV	SODIUM,CALCIUM,MAG,POT OXYBATE
YCANTH	CANTHARIDIN
YERVOY*	IPILIMUMAB
YONSA	ABIRATERONE ACET,SUBMICRONIZED
YUTIQ*	FLUOCINOLONE ACETONIDE
ZALTRAP*	ZIV-AFLIBERCEPT
ZAVESCA	MIGLUSTAT
ZEJULA	NIRAPARIB TOSYLATE
ZELBORAF	VEMURAFENIB

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.

Mandatory Specialty Drug List

Brand Name	Generic Name
ZEMAIRA*	ALPHA-1-PROTEINASE INHIBITOR
ZEPATIER	ELBASVIR/GRAZOPREVR
ZEPOSIA	OZANIMOD HYDROCHLORIDE
ZIRABEV*	BEVACIZUMAB-BVZR
ZOLADEX*	GOSERELIN ACETATE
ZOLEDRONIC ACID*	ZOLEDRONIC ACID
ZOLEDRONIC ACID*	ZOLEDRONIC ACID/MANNITOL-WATER
ZOLEDRONIC ACID*	ZOLEDRONIC AC/MANNITOL/0.9NACL
ZOLGENSMA*	ONASEMNOGENE ABEPARVOVEC-XIOI
ZOLINZA	VORINOSTAT
ZOMACTON	SOMATROPIN
ZYDELIG	IDELALISIB
ZYKADIA	CERITINIB
ZYTIGA	ABIRATERONE ACETATE

*Drugs with an asterisk are normally administered in a clinic, infusion center or provided by home infusion services, and therefore are generally covered under the medical benefit, not the pharmacy benefit. They may also require prior authorization.