

Specialty Drugs

(Effective December 1, 2019)

Specialty drugs are medications that may be used to treat rare health conditions and require special handling (such as refrigeration), administration or monitoring. Specialty drugs are typically covered for a one-month supply. CVS Specialty Pharmacy can ship specialty drugs to your home or to a retail CVS Pharmacy for you to pick up. The following is a list of specialty drugs that may be covered through either your prescription or medical plan; however other specialty drugs may also be covered. This list represents brand products in CAPS and generic products in lowercase italics. Contact CVS Specialty at 855-264-3237 for any questions about covered specialty drugs.

SPECIALTY DRUGS

ACROMEGALY

octreotide acetate
(SANDOSTATIN) **Rx, MB ES PA SI**
SANDOSTATIN LAR **MB mPA**
SIGNIFOR LAR † **MB mPA**
SOMATULINE DEPOT * **MB mPA**
SOMAVERT * **Rx, MB ES PA SI**

ALCOHOL/OPIOID DEPENDENCY

PROBUPHINE * **MB NS**
SUBLOCADE † **MB NS**
VIVITROL **MB NS**

ALPHA-1 ANTITRYPSIN DEFICIENCY

ARALAST NP * **MB mPA^**
GLASSIA * **MB mPA^**
PROLASTIN-C † **MB mPA^**
ZEMAIRA * **MB mPA^**

AMYOTROPHIC LATERAL SCLEROSIS

RADICAVA * **MB mPA**

AMYLOIDOSIS

ONPATTRO * **MB mPA**
TEGSEDI † **Rx PA SI**
VYNDAMAX * **Rx ES PA**
VYNDAQEL * **Rx ES PA**

ANEMIA

ARANESP **Rx, MB ES PA SI**
EPOGEN **Rx, MB ES PA SI**
MIRCERA † **Rx, MB PA SI**
PROCRIT **Rx, MB ES PA SI**
RETACRIT **Rx, MB ES PA SI**

ASTHMA

CINQAIR * **MB mPA**
DUPIXENT **Rx ES PA SI**
FASENRA * **MB mPA**
NUCALA * **Rx, MB ES mPA PA SI**
XOLAIR * **MB mPA**

ATOPIC DERMATITIS

DUPIXENT **Rx ES PA SI**

BATTEN DISEASE

BRINEURA † **MB mPA**

BOTULINUM TOXINS

BOTOX **MB mPA NS**
DYSPORT **MB mPA NS**
MYOBLOC **MB mPA NS**
XEOMIN * **MB mPA NS**

CARDIAC DISORDERS

dofetilide (TIKOSYN) **Rx ES PA**

COAGULATION DISORDERS

CEPROTIN * **MB**

CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

ARCALYST * **Rx, MB ES PA SI**
ILARIS * **MB mPA**
KINERET † **Rx, MB PA SI**

CUSHING'S SYNDROME

KORLYM † **Rx PA**
SIGNIFOR † **Rx, MB PA SI**

CYSTIC FIBROSIS

BETHKIS * **Rx, MB ES PA**
CAYSTON * **Rx, MB ES PA**
KALYDECO † **Rx PA**
KITABIS PAK **Rx, MB ES PA**
ORKAMBI † **Rx PA**
PULMOZYME **Rx, MB ES PA**
SYMDEKO † **Rx PA**
TRIKAFTA † **Rx PA**
TOBI PODHALER * **Rx, MB ES PA**
tobramycin inhalation solution
(TOBI) **Rx, MB ES PA**

DUCHENNE MUSCULAR DYSTROPHY

EMFLAZA † **Rx PA**

EXONDYS 51 † **MB mPA**

DUPUYTREN'S CONTRACTURE

XIAFLEX † **MB**

ELECTROLYTE DISORDERS

CYSTADANE † **Rx**
KEVEYIS † **Rx PA**
SAMSCA * **Rx ES PA**
STRENSIQ † **Rx, MB PA**
XURIDEN † **Rx**

GASTROINTESTINAL DISORDERS - OTHER

CHOLBAM † **Rx PA**
GATTEX * **Rx, MB ES PA SI**
OCALIVA * **Rx ES PA**
SOLESTA * **Rx ES PA**
XERMELO † **Rx PA**

GOUT

KRYSTEXXA * **MB mPA**

GROWTH HORMONE & RELATED DISORDERS

Growth Hormone Disorders
GENOTROPIN **Rx, MB ES mPA PA SI**
HUMATROPE **Rx, MB ES mPA PA SI**
NORDITROPIN **Rx, MB ES mPA PA SI**
NUTROPIN AQ **Rx, MB ES mPA PA SI**
OMNITROPE **Rx, MB ES mPA PA SI**
SAIZEN **Rx, MB ES mPA PA SI**
SEROSTIM * **Rx, MB ES PA SI**
ZOMACTON **Rx, MB ES mPA PA SI**
ZORBITIVE **Rx, MB ES PA SI**

IGF-1 Deficiency

INCRELEX * **Rx, MB ES PA SI**

HEMATOPOIETICS

MOZOBIL * **MB**

* Indicates Limited Distribution products distributed by CVS Specialty.
† Indicates Limited Distribution products not distributed by CVS Specialty.
ES Delivered through the CareFirst Exclusive Specialty Pharmacy network.
MB Covered under medical benefit.
mPA Prior authorization required for medical benefits coverage.
mPA^ Prior authorization required for medical benefits coverage and subjected to site of care (outpatient hospital, physician's office, home infusion).

NS Non-Specialty
PA Prior authorization required for prescription benefits coverage.
Rx Covered under prescription benefit.
Rx, MB **May be** covered under either prescription or medical benefits. Please consult your plan to determine coverage.
SI Self-injectable product.

HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS

ADVATE **MB mPA**
ADYNOVATE **MB mPA**
AFSTYLA **MB mPA**
ALPHANATE **MB mPA**
ALPHANINE SD **MB mPA**
ALPROLIX **MB mPA**
BEBULIN **MB mPA**
BENEFIX **MB mPA**
COAGADEX * **MB mPA**
CORIFACT * **MB**
ELOCTATE **MB mPA**
FEIBA NF **MB mPA**
FIBRYGA **MB**
HELIXATE FS **MB mPA**
HEMLIBRA **Rx,MB ES mPA PA SI**
HEMOFIL M **MB mPA**
HUMATE-P **MB mPA**
IDELVION **MB mPA**
IXINITY **MB mPA**
JIVI **MB mPA**
KOATE-DVI **MB mPA**
KOGENATE FS **MB mPA**
KOVALTRY **MB mPA**
MONOCLATE-P **MB mPA**
MONONINE **MB mPA**
NOVOEIGHT * **MB mPA**
NOVOSEVEN RT **MB mPA**
NUWIQ **MB mPA**
OBIZUR * **MB mPA**
PROFILNINE SD **MB mPA**
REBINYN **MB mPA**
RECOMBINATE **MB mPA**
RIASTAP **MB**
RIXUBIS **MB mPA**
STIMATE **Rx,MB PA**
TRETEN * **MB**
VONVENDI * **MB mPA**
WILATE **MB mPA**
XYNTHA **MB mPA**

HEPATITIS C

DAKLINZA **Rx ES PA**
EPCLUSA **Rx ES PA**
HARVONI **Rx ES PA**
MAVYRET **Rx ES PA**
PEGASYS **Rx,MB ES PA SI**
PEG-INTRON A **Rx,MB ES PA SI**
REBETOL SOLUTION **Rx ES PA**
ribavirin caps (COPEGUS, REBETOL, RIBASPHERE) **Rx ES PA**
ribavirin tabs (MODERIBA, RIBASPHERE) **Rx ES PA**
SOVALDI **Rx ES PA**
TECHNIVIE **Rx ES PA**
VIEKIRA PAK **Rx ES PA**
VIEKIRA XR **Rx ES PA**
VOSEVI **Rx ES PA**
ZEPATIER **Rx ES PA**

HEREDITARY ANGIOEDEMA

BERINERT * **Rx,MB ES PA mPA SI**
CINRYZE * **Rx,MB ES PA mPA^ SI**

icatibant acetate (FIRAZYR) * **Rx,MB ES PA SI**
HAEGARDA * **Rx,MB ES PA SI**
KALBITOR * **Rx,MB ES PA mPA SI**
RUCONEST * **Rx,MB ES PA mPA SI**
TAKHZYRO * **Rx,MB ES PA SI**

HEREDITARY TYROSINEMIA

NITYR † **Rx PA**
nitisinone (ORFADIN) † **Rx PA**

HIV MEDICATIONS

EGRIFTA * **Rx,MB ES PA SI**
FUZEON **Rx ES PA SI**
TROGARZO † **MB**

HORMONAL THERAPIES

AVEED * **MB mPA**
ELIGARD **MB mPA**
FIRMAGON **MB mPA**
leuprolide acetate (LUPRON) **Rx,MB ES PA SI**
LUPANETA PACK **MB**
LUPRON DEPOT **MB mPA**
NATPARA * **Rx,MB ES PA SI**
SUPPRELIN LA * **MB mPA**
TRELSTAR **MB mPA**
TRIPTODUR † **MB mPA**
VANTAS **MB mPA**
ZOLADEX **MB mPA**

HYPOPHOSPHATEMIA

CRYSVITA * **MB**

IMMUNE DEFICIENCIES & RELATED DISORDERS

BIVIGAM * **MB mPA^**
CARIMUNE NF **MB mPA^**
CUTAQUIQ **MB**
CUVITRU **MB mPA**
CYTOGAM **MB**
FLEBOGAMMA DIF **MB mPA^**
GAMASTAN S/D **MB mPA**
GAMMAGARD LIQUID **MB mPA^**
GAMMAGARD S/D **MB mPA^**
GAMMAKED **MB mPA^**
GAMMAPLEX * **MB mPA^**
GAMUNEX-C **MB mPA^**
HEPAGAM B **MB**
HIZENTRA * **MB mPA**
HYPERHEP B **MB**
HYPERRHO S/D **MB**
HYQVIA **MB mPA^**
MICRHOGAM **MB**
NABI-HB **MB**
OCTAGAM **MB mPA^**
PANZYGA **MB mPA^**
PRIVIGEN **MB mPA^**
REVCovi † **Rx,MB SI**
RHOGAM **MB**
RHOPHYLAC **MB**
VARIZIG **MB**
WINRHO SDF **MB**
XEMBIFY * **MB**

INFECTIOUS DISEASE - OTHER

ACTIMMUNE * **Rx,MB ES PA SI**
ALFERON N **MB**
ARIKAYCE † **Rx**
NUZYRA * **Rx,MB NS**

INFERTILITY

BRAVELLE **Rx,MB PA SI**
CETROTIDE **Rx,MB PA SI**
CHORIONIC GONADOTROPIN **Rx,MB PA SI**
FOLLISTIM AQ **Rx,MB PA SI**
GANIRELIX ACETATE **Rx,MB PA SI**
GONAL-F **Rx,MB PA SI**
MENOPUR **Rx,MB PA SI**
NOVAREL **Rx,MB PA SI**
OVIDREL **Rx,MB PA SI**
PREGNYL **Rx,MB PA SI**

INFLAMMATORY BOWEL DISEASE

CIMZIA **Rx,MB ES PA mPA SI**
ENTYVIO **MB mPA^**
HUMIRA **Rx ES PA SI**
INFLECTRA **MB mPA^**
REMICADE **MB mPA^**
RENFLEXIS **MB mPA^**
SIMPONI ARIA **MB mPA^**
SIMPONI **Rx,MB ES PA SI**
STELARA **Rx,MB ES PA mPA SI**
TYSABRI * **MB mPA**
XELJANZ **Rx ES PA**

IRON OVERLOAD

deferoxamine (DESFERAL) **MB**
deferasirox (EXJADE) * **Rx ES PA**
FERRIPROX † **Rx PA**
JADENU SPRINKLE * **Rx ES PA**
JADENU * **Rx ES PA**

LIPID DISORDERS

JUXTAPID † **Rx PA**
KYNAMRO * **Rx,MB ES PA SI**

LIPID DISORDERS - PCSK9 INHIBITORS

PRALUENT **Rx PA SI NS**
REPATHA **Rx PA SI NS**

LYSOSOMAL STORAGE DISORDERS

ADAGEN † **MB mPA**
ALDURAZYME * **MB mPA^**
CERDELGA * **Rx ES PA**
CEREZYME * **MB mPA^**
CYSTAGON * **Rx ES PA**
CYSTARAN † **Rx PA**
ELAPRASE * **MB mPA^**
ELELYSO * **MB mPA^**
FABRAZYME * **MB mPA^**
GALAFOLD † **Rx PA**
KANUMA * **MB mPA^**
LUMIZYME * **MB mPA^**
MEPSEVII † **MB mPA**
miglustat **Rx ES PA**
NAGLAZYME * **MB mPA^**
PROCYSBI † **Rx PA**

* Indicates Limited Distribution products distributed by CVS Specialty.
† Indicates Limited Distribution products not distributed by CVS Specialty.
ES Delivered through the CareFirst Exclusive Specialty Pharmacy network.
MB Covered under medical benefit.
mPA Prior authorization required for medical benefits coverage.
mPA^ Prior authorization required for medical benefits coverage and subjected to site of care (outpatient hospital, physician's office, home infusion).

NS Non-Specialty
PA Prior authorization required for prescription benefits coverage.
Rx Covered under prescription benefit.
Rx,MB **May be** covered under either prescription or medical benefits. Please consult your plan to determine coverage.
SI Self-injectable product.

VIMIZIM * MB mPA[^]
VPRIV * MB mPA[^]
ZAVESCA † Rx PA

LIPODYSTROPHY

MYALEPT † Rx, MB PA SI

MENTAL HEALTH CONDITIONS

SPRAVATO † MB mPA
ZULRESSO * MB mPA

MOVEMENT DISORDERS

APOKYN * Rx ES PA SI
AUSTEDO Rx ES PA
DUOPA † MB
INBRIJA * Rx ES PA
INGREZZA † Rx PA
NORTHERA * Rx ES PA
NOURIANZ * Rx, NS
NUPLAZID * Rx ES PA
tetrabenazine (XENAZINE) * Rx ES PA

MULTIPLE SCLEROSIS

dalfampridine (AMPYRA) * Rx ES PA
AUBAGIO * Rx ES PA
AVONEX Rx, MB ES PA SI
BETASERON Rx, MB ES PA SI
EXTAVIA Rx, MB ES PA SI
GILENYA 0.5 mg Rx ES PA
GILENYA 0.25 mg † Rx PA
glatiramer acetate
(COPAXONE, GLATOPA) Rx, MB ES PA SI
LEMTRADA * MB mPA
MAVENCLAD * Rx ES PA
MAYZENT * Rx ES PA
mitoxantrone HCl MB
OCREVUS * MB mPA
PLEGRIDY * Rx, MB ES PA SI
REBIF Rx, MB ES PA SI
TECFIDERA * Rx ES PA
TYSABRI * MB mPA
VUMERITY * Rx ES PA

NARCOLEPSY/CATAPLEXY

XYREM † Rx PA

NEUTROPENIA

FULPHILA Rx, MB ES PA SI
GRANIX Rx, MB ES PA mPA SI
LEUKINE Rx, MB ES PA mPA SI
NEULASTA Rx, MB ES PA SI
NEUPOGEN Rx, MB ES PA mPA SI
NIVESTYM Rx, MB ES PA SI
UDENYCA Rx, MB ES PA SI
ZARXIO Rx, MB ES PA SI

ONCOLOGY - INJECTABLE

ABRAXANE MB mPA
ADCETRIS * MB mPA
ALIMTA MB mPA
ALIQUOPA † MB
ARZERRA * MB
ASPARLAS * MB

AVASTIN MB mPA
azacitidine (VIDAZA) Rx, MB ES PA SI
AZEDRA † MB
BAVENCIO * MB mPA
BELEODAQ * MB
BENDEKA * MB mPA
BESPONSIA † MB
BLINCYTO * MB
BORTEZOMIB MB mPA
CYRAMZA * MB mPA
DARZALEX * MB mPA
decitabine (DACOGEN) MB
ELZONRIS * MB
EMPLICITI * MB mPA
ERBITUX MB mPA
ERWINAZE † MB mPA
ETOPOPHOS MB
etoposide (TOPOSAR) MB
EVOMELA * MB
FOLOTYN MB
GAZYVA * MB mPA
gemcitabine (GEMZAR, INFUGEM) MB mPA
HALAVEN MB mPA
HERCEPTIN MB mPA
HERCEPTIN HYLECTA MB mPA
IMFINZI * MB mPA
IMLYGIC † MB
INTRON A * Rx, MB ES PA SI
ISTODAX * MB
IXEMPRA MB mPA
JEVTANA MB mPA
KADCYLA MB mPA
KANJINTI * MB
KEYTRUDA * MB mPA
KHAPZORY * MB
KYMRIAH † MB mPA
KYPROLIS * MB mPA
LARTRUVO † MB mPA
levoleucovorin calcium (FUSILEV) * MB
LEVOLEUCOVORIN CALCIUM * MB
LIBTAYO † MB
LUMOXITI * MB
LUTATHERA † MB
MARQIBO † MB
mitoxantrone HCl * MB
MVASI * MB
MYLOTARG † MB
OGIVRI * MB
ONCASPAR MB mPA
ONIVYDE † MB
OPDIVO * MB mPA
oxaliplatin MB mPA
PERJETA * MB mPA
POLIVY * MB
PORTRAZZA * MB
POTELIGEO * MB
PROLEUKIN * MB
PROVENGE MB mPA
RITUXAN HYCELA MB
RITUXAN MB mPA
ROMIDEPSIN MB
SYLATRON * Rx, MB ES PA SI
SYLVANT * MB
SYNRIBO † MB
TAXOTERE MB mPA

TECENTRIQ * MB mPA
TEMODAR MB
temsirolimus (TORISEL) MB
TEPADINA MB
THYROGEN * MB
TREANDA MB mPA
UNITUXIN † MB
valrubicin (VALSTAR) MB
VECTIBIX MB mPA
VELCADE MB mPA
VORAXAZE † MB
VYXEOS † MB
XGEVA MB mPA
YERVOY MB mPA
YESCARTA † MB mPA
YONDELIS * MB
ZALTRAP * MB mPA
zoledronic acid (ZOMETA) MB mPA

ONCOLOGY - ORAL/TOPICAL

abiraterone acetate (YONSA) * Rx ES PA
AFINITOR Rx ES PA
ALECENSA * Rx ES PA
ALUNBRIG Rx ES PA
BALVERSA † Rx PA
bexarotene (TARGRETIN) Rx ES PA
BOSULIF Rx ES PA
BRAFTOVI † Rx PA
CABOMETYX * Rx ES PA
CALQUENCE † Rx PA
capecitabine (XELODA) Rx ES PA
CAPRELSA † Rx PA
COMETRIQ * Rx ES PA
COPIKTRA † Rx PA
COTELLIC * Rx ES PA
DAURISMO * Rx ES PA
ERIVEDGE * Rx ES PA
ERLEADA * Rx ES PA
etoposide Rx, MB
FARYDAK * Rx ES PA
GILOTRIF † Rx PA
HYCANTIN Rx ES PA
IBRANCE * Rx ES PA
ICLUSIG † Rx PA
IDHIFA * Rx ES PA
imatinib (GLEEVEC) Rx ES PA
IMBRUVICA † Rx PA
INLYTA * Rx ES PA
INREBIC * Rx ES PA
IRESSA * Rx ES PA
JAKAFI * Rx ES PA
KISQALI FEMARA CO-PACK Rx ES PA
KISQALI Rx ES PA
LENVIMA † Rx PA
LONSURF * Rx ES PA
LORBRENA * Rx ES PA
LYNPARZA † Rx PA
MEKINIST * Rx ES PA
MEKTOVI † Rx PA
NERLYNX * Rx ES PA
NEXAVAR * Rx ES PA
NINLARO * Rx ES PA
NUBEQA * Rx ES PA
ODOMZO * Rx ES PA

* Indicates Limited Distribution products distributed by CVS Specialty.
† Indicates Limited Distribution products not distributed by CVS Specialty.
ES Delivered through the CareFirst Exclusive Specialty Pharmacy network.
MB Covered under medical benefit.
mPA Prior authorization required for medical benefits coverage.
mPA[^] Prior authorization required for medical benefits coverage and subjected to site of care (outpatient hospital, physician's office, home infusion).

NS Non-Specialty
PA Prior authorization required for prescription benefits coverage.
Rx Covered under prescription benefit.
Rx, MB **May be** covered under either prescription or medical benefits. Please consult your plan to determine coverage.
SI Self-injectable product.

PIQRAY * Rx ES PA
 POMALYST * Rx ES PA
 PURIXAN * Rx ES
 REVLIMID * Rx ES PA
 ROZLYTREK * Rx ES PA
 RUBRACA Rx ES PA
 RYDAPT Rx ES PA
 SPRYCEL Rx ES PA
 STIVARGA * Rx ES PA
 SUTENT Rx ES PA
 TAFINLAR * Rx ES PA
 TAGRISSO * Rx ES PA
 TALZENNA * Rx ES PA
erlotinib (TARCEVA) * Rx ES PA
 TARGRETIN GEL Rx ES PA
 TASIGNA Rx ES PA
temozolomide (TEMODAR) Rx ES PA
 THALOMID Rx ES PA
 TIBSOVO † Rx PA
 TYKERB * Rx ES PA
 VALCHLOR † Rx PA
 VENCLEXTA † Rx PA
 VERZENIO * Rx ES PA
 VISTOGARD † Rx
 VITRAKVI * Rx ES PA
 VIZIMPRO * Rx ES PA
 VOTRIENT * Rx ES PA
 XALKORI * Rx ES PA
 XERMELO † Rx PA
 XOSPATA † Rx PA
 XPOVIO † Rx PA
 XTANDI * Rx ES PA
 ZEJULA † Rx PA
 ZELBORAF * Rx ES PA
 ZOLINZA Rx ES PA
 ZYDELIG * Rx ES PA
 ZYKADIA * Rx ES PA
 ZYTIGA * Rx ES PA

OSTEOARTHRITIS

DUROLANE MB mPA NS
 EUFLEXXA MB mPA NS
 GEL-ONE MB mPA NS
 GELSYN-3 MB mPA NS
 GENVISC 850 * MB mPA NS
 HYALGAN MB mPA NS
 HYMOVIS * MB mPA NS
 MONOVISC MB mPA NS
 ORTHOVISC MB mPA NS
 SUPARTZ FX MB mPA NS
 SYNVISIC ONE MB mPA NS
 SYNVISIC MB mPA NS
 TRIVISC * MB NS
 VISCO-3 MB mPA NS

OSTEOPOROSIS

FORTEO Rx,MB ES PA SI
 EVENITY MB
 PROLIA MB mPA
 RECLAST MB mPA
 TYMLOS Rx ES PA SI
zoledronic acid (RECLAST) MB mPA

PAIN MANAGEMENT

PRIALT † MB
 QUTENZA † MB

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA

SOLIRIS * MB mPA^
 ULTOMIRIS * MB

PHENYLKETONURIA

KUVAN * Rx ES PA
 PALYNZIQ * Rx,MB PA SI

PRE-TERM BIRTH

hydroxyprogesterone caproate
 (MAKENA) * MB mPA

PSORIASIS

CIMZIA Rx,MB ES PA mPA SI
 COSENTYX * Rx,MB ES PA SI
 ENBREL Rx ES PA SI
 HUMIRA Rx ES PA SI
 ILUMYA * MB mPA
 INFLECTRA MB mPA^
 OTEZLA Rx ES PA
 OTREXUP Rx,MB ES PA SI
 RASUVO Rx,MB ES PA SI
 REMICADE MB mPA^
 RENFLEXIS MB mPA^
 SILIQ Rx ES PA SI
 SKYRIZI Rx ES PA SI
 STELARA Rx,MB ES PA mPA SI
 TALTZ * Rx ES PA SI
 TREMFYA Rx ES PA SI
 XELJANZ XR Rx ES PA
 XELJANZ Rx ES PA

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS * Rx ES PA
epoprostenol sodium (FLOLAN) * MB mPA
ambrisentan (LETAIRIS) * Rx ES PA
 OPSUMIT * Rx ES PA
 ORENITRAM * Rx ES PA
 REMODULIN * MB mPA
sildenafil (REVATIO) Rx ES PA
tadalafil (ADCIRCA, ALYQ) Rx ES PA
bosentan (TRACLEER) * Rx ES PA
 TYVASO * Rx,MB ES PA
 UPTRAVI Rx ES PA
 VELETRI * MB mPA
 VENTAVIS * Rx,MB ES PA

PULMONARY DISORDERS - OTHER

ESBRIET * Rx ES PA
 OFEV * Rx ES PA

RARE DISORDERS

FIRDAPSE † Rx PA
 GAMIFANT * MB
 RUZURGI † Rx PA
 VYLEESI † Rx PA SI NS

RENAL DISEASE

cinacalcet (SENSIPAR) Rx ES PA
 JYNARQUE † Rx PA
 PARSABIV MB mPA

RESPIRATORY SYNCYTIAL VIRUS

SYNAGIS MB mPA

RETINAL DISORDERS

BEOVU * MB
 EYLEA * MB mPA
 ILUVIEN * MB
 JETREA † MB
 LUCENTIS * MB mPA
 LUXTURNA † MB mPA
 MACUGEN * MB
 OXERVATE † Rx PA
 OZURDEX * MB NS
 RETISERT * MB NS
 VISUDYNE * MB
 YUTIQ † MB

RHEUMATOID ARTHRITIS

ACTEMRA * Rx,MB ES PA mPA^ SI
 CIMZIA Rx,MB ES PA mPA SI
 ENBREL Rx ES PA SI
 HUMIRA Rx ES PA SI
 INFLECTRA MB mPA^
 KEVZARA * Rx ES PA SI
 KINERET † Rx,MB PA SI
 OLUMIANT * Rx ES PA
 ORENCIA Rx,MB ES PA mPA^ SI
 OTREXUP Rx,MB ES PA SI
 RASUVO Rx,MB ES PA SI
 REMICADE MB mPA^
 RENFLEXIS * MB mPA^
 RINVOQ Rx ES PA
 SIMPONI ARIA MB mPA^
 SIMPONI Rx,MB ES PA SI
 XELJANZ XR Rx ES PA
 XELJANZ Rx ES PA

SEIZURE DISORDERS

DIACOMIT † Rx PA
 EPIDOLEX * Rx ES PA
 H.P. ACTHAR GEL * Rx,MB ES PA mPA SI
 SABRIL * Rx ES PA
vigabatrin pak, vigabatrin tab * Rx ES PA
vigadrone powder † Rx PA

SICKLE CELL DISEASE

ENDARI † Rx PA

SLEEP DISORDERS

HETLIOZ † Rx PA
 XYREM † Rx
 WAKIX * Rx ES PA

SPINAL MUSCULAR ATROPHY

SPINRAZA † MB mPA
 ZOLGENSMA † MB mPA

* Indicates Limited Distribution products distributed by CVS Specialty.
 † Indicates Limited Distribution products not distributed by CVS Specialty.
 ES Delivered through the CareFirst Exclusive Specialty Pharmacy network.
 MB Covered under medical benefit.
 mPA Prior authorization required for medical benefits coverage.
 mPA^ Prior authorization required for medical benefits coverage and subjected to site of care (outpatient hospital, physician's office, home infusion).

NS Non-Specialty
 PA Prior authorization required for prescription benefits coverage.
 Rx Covered under prescription benefit.
 Rx,MB **May be** covered under either prescription or medical benefits. Please consult your plan to determine coverage.
 SI Self-injectable product.

SYSTEMIC LUPUS ERYTHEMATOSUS

BENLYSTA SC * Rx ES PA SI

BENLYSTA * MB mPA^

THROMBOCYTOPENIA

CABLIVI † MB

DOPTELET * Rx ES

MULPLETA Rx ES

NPLATE MB mPA

PROMACTA * Rx ES PA

TAVALISSE † Rx PA

UREA CYCLE DISORDERS

CARBAGLU † Rx PA

RAVICTI * Rx ES PA

sodium phenylbutyrate (BUPHENYL) * Rx ES PA

VENOUS INSUFFICIENCY

VARITHENA † MB

Products distributed by CVS Specialty, as well as products covered by a plan member's prescription or medical benefit plan may change from time to time. In addition, a plan member's specific benefit plan design may not cover certain products or categories, regardless of their appearance in this document.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The Blue Cross® and Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

©2019. All rights reserved. 75-48656A 103119
SUM2654-1P (10/01/19)

* Indicates Limited Distribution products distributed by CVS Specialty.
† Indicates Limited Distribution products not distributed by CVS Specialty.
ES Delivered through the CareFirst Exclusive Specialty Pharmacy network.
MB Covered under medical benefit.
mPA Prior authorization required for medical benefits coverage.
mPA^ Prior authorization required for medical benefits coverage and subjected to site of care (outpatient hospital, physician's office, home infusion).

NS Non-Specialty
PA Prior authorization required for prescription benefits coverage.
Rx Covered under prescription benefit.
Rx,MB **May be** covered under either prescription or medical benefits. Please consult your plan to determine coverage.
SI Self-injectable product.