

# Specialty Drugs

(Effective December 1, 2020)

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

BYNFEZIA **Rx ES PA SI**  
 MYCAPSSA † **Rx PA**  
*octreotide acetate*  
 (SANDOSTATIN) **Rx, MB ES PA mPA SI**  
 SANDOSTATIN LAR **MB mPA**  
 SIGNIFOR LAR † **MB mPA**  
 SOMATULINE DEPOT \* **MB mPA**  
 SOMAVERT \* **Rx 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 mPA PA SI**  
 EPOGEN **Rx, MB ES mPA PA SI**  
 MIRCERA † **Rx, MB mPA PA SI**  
 PROCRIT **Rx, MB ES mPA PA SI**  
 REBLOZYL \* **MB mPA**  
 RETACRIT **Rx, MB ES mPA 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 ES PA SI**  
 ILARIS \* **MB mPA**  
 KINERET † **Rx PA SI**

### CUSHING'S SYNDROME

ISTURISA † **Rx PA**  
 KORLYM † **Rx PA**  
 SIGNIFOR † **Rx PA SI**

### CYSTIC FIBROSIS

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

### DUCHENNE MUSCULAR DYSTROPHY

EMFLAZA † **Rx PA**  
 EXONDYS 51 † **MB mPA^**  
 VILTEPSO † **MB**

VYONDYS 53 † **MB mPA**

### DUPUYTREN'S CONTRACTURE

XIAFLEX † **MB mPA**

### ELECTROLYTE DISORDERS

CYSTADANE † **Rx**  
 KEVEYIS † **Rx PA**  
*tolvaptan* (SAMSCA) \* **Rx ES PA**  
 STRENSIQ † **Rx PA**  
 XURIDEN † **Rx**

### GASTROINTESTINAL DISORDERS - OTHER

CHOLBAM † **Rx PA**  
 GATTEX \* **Rx 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**  
 ZORBTIVE **Rx, MB ES PA SI**

#### IGF-1 Deficiency

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

### HEMATOPOIETICS

MOZOBI \* **MB**

### HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS

ADVATE **MB mPA**  
 ADYNOVATE **MB mPA**  
 AFSTYLA **MB mPA**

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**ES** Covered under medical benefit.  
**MB** 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).  
**mPA^**

**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.

ALPHANATE **MB mPA**  
 ALPHANINE SD **MB mPA**  
 ALPROLIX **MB mPA**  
 BEBULIN **MB mPA**  
 BENEFIX **MB mPA**  
 COAGADEX \* **MB mPA**  
 CORIFACT \* **MB mPA**  
 ELOCTATE **MB mPA**  
 ESPEROCT \* **MB mPA**  
 FEIBA NF **MB mPA**  
 FIBRYGA **MB mPA**  
 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 mPA**  
 RIXUBIS **MB mPA**  
 SEVENFACT \* **MB**  
 STIMATE **Rx PA**  
 TRETEN \* **MB mPA**  
 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 ES PA SI**  
 PEG-INTRON A **Rx 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 mPA SI**  
 HAEGARDA \* **Rx,MB ES PA mPA SI**

KALBITOR \* **Rx,MB ES PA mPA SI**  
 RUCONEST \* **Rx,MB ES PA mPA SI**  
 TAKHZYRO \* **Rx,MB ES PA mPA SI**

## HEREDITARY TYROSINEMIA

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

## HIV MEDICATIONS

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

## HORMONAL THERAPIES

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

## HYPOPHOSPHATEMIA

CRYSVITA \* **MB mPA^**

## IMMUNE DEFICIENCIES & RELATED DISORDERS

ASCENIV \* **MB mPA^**  
 BIGIGAM \* **MB mPA^**  
 CARIMUNE NF **MB mPA^**  
 CUTAQUIQ **MB mPA**  
 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 mPA 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

AVSOLA \* **MB mPA^**  
 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 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**  
*deferasirox* (JADENU SPRINKLE) \* **Rx ES PA**  
*deferasirox* (JADENU) \* **Rx ES PA**

## LIPID DISORDERS

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

## LIPID DISORDERS - PCSK9INHIBITORS

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

## LYSOSOMAL STORAGE DISORDERS

ADAGEN † **MB mPA**  
 ALDURAZYME \* **MB mPA^**  
 CERDELGA \* **Rx ES PA**  
 CERZEYME \* **MB mPA^**  
 CYSTADROPS † **Rx PA**  
 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**

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**SI** Self-injectable product.

NAGLAZYME \* MB mPA^  
PROCYSBI † Rx PA  
VIMIZIM \* MB mPA^  
VPRIV \* MB mPA^  
ZAVESCA † Rx PA

## LIPODYSTROPHY

MYALEPT † Rx, MB PA mPA SI

## MENTAL HEALTH CONDITIONS

SPRAVATO \* Rx PA MB mPA NS  
ZULRESSO \* MB mPA

## MOVEMENT DISORDERS

APOKYN \* Rx ES PA SI  
AUSTEDO Rx ES PA  
DUOPA † MB mPA  
INBRIJA \* Rx ES PA  
INGREZZA † Rx PA  
KYNMOBI † 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 ES PA SI  
BAFIERTAM † Rx PA  
BETASERON Rx ES PA SI  
EXTAVIA Rx ES PA SI  
GILENYA 0.5 mg Rx ES PA  
GILENYA 0.25 mg † Rx PA  
*glatiramer acetate*  
(COPAXONE, GLATOPA) Rx ES PA SI  
KESIMPTA \* Rx ES PA SI  
LEMTRADA \* MB mPA  
MAVENCLAD \* Rx ES PA  
MAYZENT \* Rx ES PA  
*mitoxantrone HCl* MB  
OCREVUS \* MB mPA^  
PLEGRIDY \* Rx ES PA SI  
REBIF Rx ES PA SI  
*dimethyl fumarate (TECFIDERA)* \* Rx ES PA  
TYSABRI \* MB mPA  
VUMERITY \* Rx ES PA  
ZEPOSIA \* Rx ES PA

## NARCOLEPSY/CATAPLEXY

XYREM † Rx PA

## NEUTROPENIA

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

## ONCOLOGY - INJECTABLE

ABRAXANE MB mPA  
ADCETRIS \* MB mPA  
ALIMTA MB mPA  
ALIQOPA † MB mPA  
ARZERRA \* MB mPA  
ASPARLAS \* MB  
AVASTIN MB mPA  
*azacitidine (VIDAZA)* Rx, MB ES PA mPA SI  
AZEDRA † MB  
BAVENCIO \* MB mPA  
BELRAPZO \* MB mPA  
BELEODAQ \* MB  
BENDAMUSTINE HCL MB mPA  
BENDEKA \* MB mPA  
BESPONSIA \* MB mPA  
BLENREP † MB  
BLINCYTO \* MB mPA  
BORTEZOMIB MB mPA  
CYRAMZA \* MB mPA  
DARZALEX \* MB mPA  
DARZALEX FASPRO \* MB  
*decitabine (DACOGEN)* MB  
ELZONRIS \* MB mPA  
EMPLICITI \* MB mPA  
ENHERTU \* MB mPA  
ERBITUX MB mPA  
ERWINAZE \* MB mPA  
ETOPOPHOS MB  
*etoposide (TOPOSAR)* MB  
EVOMELA \* MB  
FASLODEX MB mPA  
FOLOTYN MB mPA  
GAZYVA \* MB mPA  
*gemcitabine (GEMZAR, INFUGEM)* MB mPA  
HALAVEN MB mPA  
HERCEPTIN MB mPA  
HERCEPTIN HYLECTA MB mPA  
HERZUMA \* MB mPA  
IMFINZI \* MB mPA  
IMLYGIC † MB mPA  
INTRON A \* Rx, MB ES PA SI  
ISTODAX \* MB mPA  
IXEMPRA MB mPA  
JELMYTO † MB  
JEVTANA MB mPA  
KADCYLA MB mPA  
KANJINTI \* MB mPA  
KEYTRUDA \* MB mPA  
KHAPZORY \* MB  
KYMRIAH † MB mPA  
KYPROLIS \* MB mPA  
LARTRUVO † MB mPA  
*levoleucovorin calcium (FUSILEV)* \* MB  
LEVOLEUCOVORIN CALCIUM \* MB  
LIBTAYO † MB mPA  
LUMOXITI \* MB  
LUTATHERA † MB mPA  
MARQIBO † MB  
*mitoxantrone HCl* \* MB  
MONJUVI † MB  
MVASI \* MB mPA  
MYLOTARG \* MB  
OGIVRI \* MB mPA

ONCASPAR MB mPA  
ONIVYDE † MB  
ONTRUZANT \* MB mPA  
OPDIVO \* MB mPA  
*oxaliplatin* MB mPA  
PADCEV \* MB mPA  
PERJETA \* MB mPA  
PHEGO \* MB  
POLIVY \* MB mPA  
PORTRAZZA \* MB  
POTELIGEO \* MB mPA  
PROLEUKIN \* MB mPA  
PROVENGE MB mPA  
RITUXAN HYCELA MB mPA  
RITUXAN MB mPA  
RUXIENCE MB  
ROMIDEPSIN MB mPA  
SARCLISA \* MB  
SYLATRON \* Rx, MB ES PA mPA SI  
SYLVANT \* MB mPA  
SYNRIBO † MB  
TAXOTERE MB mPA  
TECARTUS † MB  
TECENTRIQ \* MB mPA  
TEMODAR MB  
*temsirolimus (TORISEL)* MB mPA  
TEPADINA MB  
THYROGEN \* MB  
TRAZIMERA MB mPA  
TREANDA MB mPA  
TRODELVY † MB  
TRUXIMA MB  
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  
ZEPZELCA \* MB  
ZIRABEV \* MB mPA  
*zoledronic acid (ZOMETA)* MB mPA

## ONCOLOGY - ORAL/TOPICAL

*abiraterone acetate (YONSA)* \* Rx ES PA  
ALECENSA \* Rx ES PA  
ALUNBRIG Rx ES PA  
AYVAKIT † Rx PA  
BALVERSA † Rx PA  
*bexarotene (TARGRETIN)* Rx ES PA  
BOSULIF Rx ES PA  
BRAFTOVI † Rx PA  
BRUKINSA † Rx PA  
CABOMETYX \* Rx ES PA  
CALQUENEC † Rx PA  
*capecitabine (XELODA)* Rx ES PA  
CAPRELSA † Rx PA  
COMETRIQ \* Rx ES PA  
COPIKTRA † Rx PA  
COTELLIC \* Rx ES PA

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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.

DAURISMO \* Rx ES PA  
 ERIVEDGE \* Rx ES PA  
 ERLEADA \* Rx ES PA  
*etoposide* Rx, MB  
*everolimus* (AFINITOR) Rx ES PA  
 FARYDAK \* Rx ES PA  
 GAVRETO † Rx PA  
 GLOTRIF † 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  
 INQOVI \* Rx ES PA  
 IRESSA \* Rx ES PA  
 JAKAFI \* Rx ES PA  
 KOSELUGO † Rx 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  
 ONUREG \* Rx ES PA  
 PEMAZYRE † Rx PA  
 PIQRAY \* Rx ES PA  
 POMALYST \* Rx ES PA  
 PURIXAN \* Rx ES  
 QINLOCK † Rx PA  
 RETEVMO \* Rx ES PA  
 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  
 TABRECTA Rx ES PA  
 TAFINLAR \* Rx ES PA  
 TAGRISSO \* Rx ES PA  
 TALZENNA \* Rx ES PA  
*ertotinib* (TARCEVA) \* Rx ES PA  
 TARGRETIN GEL Rx ES PA  
 TASIGNA Rx ES PA  
*temozolomide* (TEMODAR) Rx ES PA  
 TAZVERIK † Rx PA  
 THALOMID Rx ES PA  
 TIBSOVO † Rx PA  
 TUKYSA † Rx PA  
*lapatinib ditosylate* 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  
 EUFLEXA 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  
 SYNVIC ONE MB mPA NS  
 SYNVIC MB mPA NS  
 TRIVISC \* MB mPA NS  
 VISO-3 MB mPA NS

## OSTEOPOROSIS

FORTEO Rx ES PA SI  
 EVENITY MB mPA  
 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 mPA^

## PHENYLKETONURIA

*sapropterin dihydrochloride*  
 (KUVAN) \* Rx ES PA  
 PALYNZIQ \* Rx PA SI

## PRE-TERM BIRTH

*hydroxyprogesterone caproate*  
 (MAKENA) \* MB mPA

## PSORIASIS

CIMZIA Rx, MB ES PA mPA SI  
 COSENTYX \* Rx, MB ES PA mPA SI  
 ENBREL Rx ES PA SI  
 HUMIRA Rx ES PA SI  
 ILUMYA \* MB mPA  
 INFLECTRA MB mPA^

OTEZLA Rx ES PA  
 OTREXUP Rx ES PA SI  
 RASUVO Rx 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  
*ambriksentan* (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 mPA  
 UPTRAVI Rx ES PA  
 VELETTRI \* MB mPA  
 VENTAVIS \* Rx ES PA

## PULMONARY DISORDERS - OTHER

ESBRIET \* Rx ES PA  
 OFEV \* Rx ES PA

## RARE DISORDERS

DOJOLVI \* Rx ES PA  
 ENSPRYNG \* Rx ES PA SI  
 FIRDAPSE † Rx PA  
 GAMIFANT \* MB mPA  
 GIVLAARI † MB mPA  
 RUZURGI † Rx PA  
 SCENESSE † MB mPA  
 SUCRAID † Rx PA  
 UPLIZNA \* MB  
 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 mPA  
 EYLEA \* MB mPA  
 ILUVIEN \* MB  
 JETREA † MB mPA  
 LUCENTIS \* MB mPA  
 LUXTURNAL † MB mPA  
 MACUGEN \* MB mPA  
 OXERVATE † Rx PA  
 OZURDEX \* MB NS  
 RETISERT \* MB NS

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 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.

TEPEZZA \* MB mPA^  
VISUDYNE \* MB mPA  
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 PA SI  
OLUMIANT \* Rx ES PA  
ORENCIA Rx, MB ES PA mPA^ SI  
OTREXUP Rx 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 ES PA SI  
XELJANZ XR Rx ES PA  
XELJANZ Rx ES PA

## SEIZURE DISORDERS

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

## SICKLE CELL DISEASE

ADAKVEO MB mPA^  
ENDARI † Rx PA  
OXBRYTA \* Rx ES PA

## SLEEP DISORDERS

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

## SPINAL MUSCULAR ATROPHY

EVRYSDI † Rx PA  
SPINRAZA † MB mPA  
ZOLGENSMA † MB mPA

## SYSTEMIC LUPUS ERYTHEMATOSUS

BENLYSTA SC \* Rx ES PA SI  
BENLYSTA \* MB mPA^

## THROMBOCYTOPENIA

CABLVI † 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

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