

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)
 Spevigo* (P)
 Skyrizi (P)

Anti-lipidemic

Evkeeza*
 Leqvio

Blood Agents

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

Cancer Agents

Carvykti*
 Datroway
 Jemperli
 Kimmtrak
 Opdualag
 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)
 Elevidys
 Exondys 51* (P)
 Fabrazyme* (P)
 Kanuma* (P)
 Lamzede*
 Lumizyme* (P)
 Naglazyme* (P)
 Pombiliti
 Vimizim* (P)
 Vpriv* (P)

Fertility

Makena* (P)

Hematologics

Alhemo
 Altuviiio
 Bequez
 Cinryze* (P)
 Hemgenix
 Hympavzi
 Qfitlia
 Roctavian
 Zynteglo* (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)
 Ohtuvayre
 Prolastin/C* (P)
 Synagis* (P)
 Xolair* (P)
 Zemaira* (P)

Macular Degeneration

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

Migraine Agents

Emgality
 Vyepiti

Multiple Sclerosis

Avonex (P)
 Betaseron
 Copaxone (P)
 Extavia (P)
 Glatopa
 Lemtrada* (P)
 Ocrevus* (P)
 Tysabri* (P)

Myasthenia Gravis Agents

Rystiggo
 Soliris*
 Ultomiris*
 Vyvgart*
 Vyvgart Hytrulo*

Neurological Agents

Aduhelm
 Leqembi
 Qalsody

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)

July 2025
 AscellaHealth, LLC



Medical Specialty Drug List

Pulmonary Hypertension

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

Others

Alferon N* (P)
Botox
Briumvi
Casgevy
Dupixent (P)
Dysport* (P)
Jetrea* (P)
Kalbitor* (P)
Kisunla
Korsuva*
Krystexxa* (P)
Lyfgenia
Nexvazyme*
Omvo
Onpattro* (P)
Piasky
Radicava* (P)
Rytelo
Spinraza* (P)
Skysona* (P)
Skytrofa
Sunlenca
Terlivaz* (P)
Thrombate III* (P)
Tziel
Vivitrol* (P)
Veopoz
Vyjuvek
Xenpozyme* (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)

July 2025
AscellaHealth, LLC