



Pharmacy 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 prescription medication 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 prescription card to learn more about your coverage.

The medications listed below are grouped into general therapeutic categories which includes an alphabetical list of drugs.

<u>Antifungal</u>	Ruzurgi (P)	Alkeran (P)	Jaypirca
Brexafemme	Siliq	Alunbrig (P)	Kesimpta (P)
	Simponi	Ayvakit	Kisqali (P)
<u>Antihypertensive</u>	Skyrizi (P)	Balversa (P)	Kisqali Femara (P)
Tryvio	Sotyktu	Besremi	Krazati
	Stelara	bexarotene (P)	Lenvima (P)
<u>Anti-lipidemic</u>	Taltz	Bosulif (P)	Leukeran (P)
Leqvio (P)	Tremfya	Braftovi (P)	Lonsurf (P)
Lerochol	Xeljanz	Cabometyx (P)	Lorbrena (P)
Praluent (P)	Xeljanz XR	Calquence (P)	Lumakras
Repatha (P)		capecitabine (P)	Lynparza (P)
	<u>Blood Agents</u>	Caprelsa (P)	Lysodren (P)
<u>Anti-infective</u>	Aranesp (P)	Cometriq (P)	Lytgobi
Arikayce (P)	Rolvedon	Copiktra (P)	Matulane (P)
	Cablivi (P)	Cotellic (P)	Mekinst (P)
<u>Antiviral</u>	Doptelet (P)	Daurismo (P)	Mektovi (P)
Descovy (P)	Epogen	Emcyt (P)	Myletan (P)
	Fulphila	Erivedge (P)	Nerlynx (P)
<u>Autoimmune Agents</u>	Granix (P)	Erleada (P)	Nexavar (P)
Actemra Prefilled Syringe	Leukine	erlotinib hcl (P)	Nilandron
Arcalyst (P)	Mulpleta	etoposide (P)	nilutamide (P)
Benlysta SC (P)	Neulasta (P)	Exkivity	Ninlaro (P)
Bimzelx	Neupogen (P)	Fareston	Nubeqa (P)
Cimzia Syringe	Nivestym (P)	Farydak (P)	Odomzo (P)
Cosentyx	Nyvepria (P)	Gilotrif (P)	Ojjaara
Dupixent (P)	Procrit (P)	Gleevec	Orserdu
Ebglyss	Promacta (P)	Gleostine (P)	Piqray (P)
Enbrel (P)	Qfitlia	Gomekli	Pomalyst (P)
Firdapse (P)	Retacrit	Hycamtin (P)	Purixan (P)
Humira (P)	Ryzneuta	Ibrance (P)	Revlimid (P)
Ilumya (P)	Udenyca (P)	Ibtrozi	Rezlidhia
Kevzara	Voydeya	Iclusig (P)	Riabni (P)
Kineret	Zarxio (P)	Idhifa (P)	Rituxin (P)
Lupkynis	Ziextenzo (P)	imatinib mesylate (P)	Rubraca (P)
Olumiant		Imbruvica (P)	Ruxience (P)
Omvo	<u>Cancer Agents</u>	Inlyta (P)	Rydapt (P)
Orencia SC	abiraterone acetate (P)	Iressa (P)	Sprycel (P)
Otezla	Afinitor (P)	Itovebi	Stivarga (P)
Rinvoq (P)	Alecensa (P)	Jakafi (P)	Sutent (P)

Your prescription 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
 Brand name products are capitalized (e.g., Targretin)
 Generic products are in lower case (e.g., bexarotene)

April 2026
 AscellaHealth, LLC

Pharmacy Specialty Drug List

glatiramer acetate	Endari (P)	Zevaskyn
Glatopa	Exjade	Zilbrysq
Mavenclad	Fabhalta (P)	
Mayzent (P)	Ferriprox (P)	
Plegridy (P)	Filsuvez	
Rebif	Forzinity	
Tecfidera (P)	Gattex (P)	
Vumerity (P)	Gocovri (P)	
	Inbrija (P)	
<u>Pulmonary Hypertension</u>	Ingrezza (P)	
Adcirca	Iqirvo	
Adempas6 (P)	Jadenu	
alyq (P)	Joenja	
ambrisentan (P)	Juxtapid (P)	
bosentan (P)	Kerendia	
Letairis (P)	Kisunla	
Opsumit (P)	Korlym (P)	
Orenitram (P)	Kynamro (P)	
Revatio	leuprolide acetate (P)	
sildenafil citrate (P)	Livdelzi	
tadalafil (P)	Miplyffa	
Tracleer	Myalept (P)	
Tyvaso	Nemludio	
Uptravi (P)	Ocaliva (P)	
Ventavis (P)	Oriahnn (P)	
Winrevair	Orilissa (P)	
	Oxervate (P)	
	penicillamine (P)	
<u>Others</u>	Piasky	
Agamree	Procysbi (P)	
Amvuttra	Pyrukynd	
Andembry	Relyvrio (P)	
Apokyn (P)	Rezdiffra	
Aqneursa	Rivfloza	
Attruby	Sabril	
Austedo (P)	Sephience	
Botox	Skyclarys	
Brinsupri	Sohonos	
Briumvi	Sunlenca	
Bylvay	Syprine (P)	
Chenodal (P)	Takhzyro (P)	
Cholbam (P)	Tegsedi (P)	
Cobenfy	tetrabenazine (P)	
Cuprimine	Velsipity	
Crenessity	vigabatrin (P)	
Cystagon (P)	Vistogard (P)	
Cystaran (P)	Voxzogo	
Dawnzera	Voyxact	
Daybue	Vyndaqel (P)	
deferasirox (P)	Wainua	
Depen Titratabs	Wayrilz	
Duvyzat	Xenazine	
Ekterly	Xermelo (P)	
Emflaza (P)	Zegalouge	

Your prescription 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
Brand name products are capitalized (e.g., Targretin)
Generic products are in lower case (e.g., bexarotene)

April 2026
AscellaHealth, LLC