

# Specialty Drugs

(Effective June 1, 2022)

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 mPA 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 mPA SI**  
 VYNDAMAX \* **Rx ES PA**  
 VYNDAQEL \* **Rx ES PA**

### ANEMIA

ARANESP **Rx, MB ES mPA PA SI**  
 ENJAYMO \* **MB**  
 EPOGEN **Rx, MB ES mPA PA SI**  
 MIRCERA † **Rx, MB mPA PA SI**  
 PROCRIT **Rx, MB ES mPA PA SI**  
 PYRUKYND † **Rx PA**  
 REBLOZYL \* **MB mPA**  
 RETACRIT **Rx, MB ES mPA PA SI**

### ASTHMA

CINQAIR \* **MB mPA\***  
 DUPIXENT **Rx ES PA SI**  
 FASENRA PEN \* **Rx ES PA SI**  
 FASENRA SYRINGE \* **MB mPA\***  
 NUCALA \* **Rx, MB ES mPA\* PA SI**

TEZSPIRE \* **MB**  
 XOLAIR \* **MB mPA**

### ATOPIC DERMATITIS

ADBRY \* **Rx ES PA SI**  
 CIBINQO \* **Rx ES PA**  
 DUPIXENT **Rx ES PA SI**

### BATTEN DISEASE

BRINEURA † **MB mPA**

### BONE DISORDERS

STRENSIQ † **Rx PA**  
 VOXZOGO \* **Rx ES PA SI**

### BOTULINUM TOXINS

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

### CARDIAC DISORDERS

CAMZYOS \* **Rx ES PA**  
*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**  
 BRONCHITOL \* **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

AMONDYS 45 † **MB mPA\***  
 EMFLAZA † **Rx PA**  
 EXONDYS 51 † **MB mPA\***  
 VILTEPSO † **MB mPA\***  
 VYONDYS 53 † **MB mPA\***

### DUPUYTREN'S CONTRACTURE

XIAFLEX † **MB mPA**

### ELECTROLYTE DISORDERS

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

### GASTROINTESTINAL DISORDERS - OTHER

BYLVAY † **Rx PA**  
 CHENODAL † **Rx PA**  
 CHOLBAM † **Rx PA**  
 GATTEX \* **Rx ES PA SI**  
 LIVMARLI † **Rx PA**  
 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**

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**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.

SKYTROFA \* 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

MOZOBIIL \* MB mPA

#### 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  
BENEFIX MB mPA  
COAGADEX \* MB mPA  
CORIFACT \* MB mPA  
*desmopressin* (STIMATE) † MB mPA  
ELOCTATE MB mPA  
ESPEROCT \* MB mPA  
FEIBA NF MB mPA  
FIBRYGA 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  
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 mPA  
STIMATE Rx PA mPA  
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  
ORLADEYO † Rx PA  
RUCONEST \* Rx,MB ES PA mPA SI  
TAKHZYRO \* Rx,MB ES PA SI

#### HEREDITARY TYROSINEMIA

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

#### HIV MEDICATIONS

TROGARZO † MB

#### HORMONAL THERAPIES

AVEED \* MB mPA  
CAMCEVI \* MB  
ELIGARD MB mPA  
FIRMAGON MB mPA  
FENSOLVI † MB mPA  
*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\*  
BIVIGAM \* 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 mPA\*

#### INFECTIOUS DISEASE - OTHER

ACTIMMUNE \* Rx,MB ES PA mPA SI  
ALFERON N MB  
ARIKAYCE † Rx  
LIVTENCITY † Rx PA  
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\*  
INFLIXIMAB 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 mPA  
*deferasirox* (EXJADE) \* Rx ES PA  
FERRIPROX † Rx PA  
*deferasirox* (JADENU SPRINKLE) \* Rx ES PA  
*deferasirox* (JADENU) \* Rx ES PA

#### LIPID DISORDERS

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

#### LIPID DISORDERS - PCSK9 INHIBITORS

PRALUENT Rx PA SI NS  
REPATHA Rx PA SI NS

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NS Non-Specialty  
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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.

## LYSOSOMAL STORAGE DISORDERS

ADAGEN † MB mPA  
ALDURAZYME \* MB mPA\*  
CERDELGA \* Rx ES PA  
CEREZYME \* 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  
NAGLAZYME \* MB mPA\*  
NEXVIAZYME \* MB mPA\*  
PROCYSBI † Rx PA  
VIMIZIM \* MB mPA\*  
VPRIV \* MB mPA\*  
ZAVESCA † Rx PA

## LIPODYSTROPHY

EGRIFTA \* Rx ES PA SI  
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  
EXSERVAN † Rx NS  
INBRIJA \* Rx ES PA  
INGREZZA † Rx PA  
KYNMOBI † Rx PA mPA  
*droxidopa* (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\*  
PONVORY \* Rx ES PA  
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

## NEUROMUSCULAR

VYVGART \* MB

## 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  
NYVEPRIA Rx, MB ES PA mPA SI  
RELEUKO \* Rx ES PA SI  
UDENYCA Rx, MB ES PA mPA SI  
ZARXIO Rx, MB ES PA mPA SI  
ZIEXTENZO \* Rx, MB ES PA mPA SI

## ONCOLOGY - INJECTABLE

ABECMA † MB mPA  
ABRAXANE MB mPA  
ADCETRIS \* MB mPA  
ALIMTA MB mPA  
ALIQOPA † MB mPA  
ARZERRA \* MB mPA  
ASPARLAS \* MB mPA  
AVASTIN MB mPA  
*azacitidine*  
(VIDAZA) Rx, MB ES PA mPA SI  
AZEDRA † MB  
BAVENCIO \* MB mPA\*  
BELRAPZO \* MB mPA  
BELEODAQ \* MB  
BENDEKA \* MB mPA  
BESPONSIA \* MB mPA  
BESREMI † Rx PA SI  
BLENREP † MB mPA  
BLINCYTO \* MB mPA  
BORTEZOMIB MB mPA  
BREYANZI † MB mPA  
CARVYKTI † MB mPA  
COSELA † MB mPA  
CYRAMZA \* MB mPA  
DANYELZA † MB  
DARZALEX \* MB mPA  
DARZALEX FASPRO \* MB mPA  
*decitabine* (DACOGEN) MB mPA  
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  
*fulvestrant* (FASLODEX) MB mPA  
FOLOTYN MB mPA  
FYARRO † MB  
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 mPA  
JEMPERLI \* MB mPA\*  
JEVTANA MB mPA  
KADCYLA MB mPA  
KANJINTI \* MB mPA  
KEYTRUDA \* MB mPA\*  
KIMMTRAK † MB  
KYMRIAH † MB mPA  
KYPROLIS \* MB mPA  
LARTRUVO † MB mPA  
*levoleucovorin*  
(FUSILEV, KHAPZORY) \* MB  
LIBTAYO † MB mPA\*  
LUMOXITI \* MB mPA  
LUTATHERA † MB mPA  
MARGENZA † MB mPA  
MARQIBO † MB  
*mitoxantrone HCl* \* MB  
MONJUVI † MB mPA  
MVASI \* MB mPA  
MYLOTARG \* MB mPA  
OGIVRI \* MB mPA  
ONCASPAR MB mPA  
ONIVYDE † MB  
ONTRUZANT \* MB mPA  
OPDIVO \* MB mPA\*  
OPDUALAG \* MB  
*oxaliplatin* MB mPA  
PADCEV \* MB mPA  
PERJETA \* MB mPA  
PEMFEXY † MB  
PEPAXTO † MB mPA  
PHESGO \* MB mPA  
PLUVICTO † MB  
POLIVY \* MB mPA  
PORTRAZZA \* MB  
POTELIGEO \* MB mPA  
PROLEUKIN \* MB mPA  
PROVENGE MB mPA  
RIABNI \* MB mPA  
RITUXAN HYCELA MB mPA  
RITUXAN MB mPA  
RUXIENCE MB mPA  
ROMIDEPSIN MB mPA  
RYBREVA \* MB mPA  
RYLAZE † MB mPA  
SARCLISA \* MB mPA  
SYLATRON \* Rx, MB ES PA mPA SI  
SYLVANT \* MB mPA  
SYNRIBO † MB mPA

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TAXOTERE MB mPA  
 TECARTUS † MB mPA  
 TECENTRIQ \* MB mPA\*  
 TEMODAR MB  
*temsirolimus* (TORISEL) MB mPA  
 TEPADINA MB  
 THYROGEN \* MB  
 TIVDAK \* MB mPA  
 TRAZIMERA MB mPA  
 TREANDA MB mPA  
 TRODELVY † MB mPA  
 TRUXIMA 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  
 ZEPZELCA \* MB mPA  
 ZIRABEV \* MB mPA  
*zoledronic acid* (ZOMETA) MB mPA  
 ZYNLONTA † MB mPA

#### ONCOLOGY - ORAL/TOPICAL

*abiraterone acetate* (YONSA) \* Rx ES PA  
 ALECENSA \* Rx ES PA  
 ALUNBRIG Rx ES PA  
 AYWAKIT † Rx PA  
 BALVERSA † Rx PA  
*bexarotene* (TARGRETIN) Rx ES PA  
 BOSULIF Rx ES PA  
 BRAFTOVI † Rx PA  
 BRUKINSA † 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  
*everolimus* (AFINITOR) Rx ES PA  
 EXKIVITY † Rx PA  
 FARYDAK \* Rx ES PA  
 FOTIVDA † Rx PA  
 GAVRETO † Rx PA  
 GILOTRIF † Rx PA  
 HYCAMTIN 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  
 LUMAKRAS \* Rx ES PA  
 LYNPARZA † Rx PA  
 MATULANE † 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  
 REZUROCK † Rx PA  
 ROZLYTREK \* Rx ES PA  
 RUBRACA Rx ES PA  
 RYDAPT Rx ES PA  
 SCEMBLIX \* Rx ES PA  
 SPRYCEL Rx ES PA  
 STIVARGA \* Rx ES PA  
*sunitinib* (SUTENT) Rx ES PA  
 TABRECTA 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,MB ES mPA PA  
 TAZVERIK † Rx PA  
 TEPMETKO † Rx PA  
 THALOMID Rx ES PA  
 TIBSOVO † Rx PA  
 TRUSELTIQ † Rx PA  
 TUKYSA † Rx PA  
*lapatinib ditosylate* (TYKERB) \* Rx ES PA  
 UKONIQ † Rx PA  
 VALCHLOR † Rx PA  
 VENCLEXTA † Rx PA  
 VERZENIO \* Rx ES PA  
 VISTOGARD † Rx  
 VITRAKVI \* Rx ES PA  
 VIZIMPRO \* Rx ES PA  
 VONJO † Rx PA  
 VOTRIENT \* Rx ES PA  
 WELIREG † Rx 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  
 SYNVISC ONE MB mPA NS  
 SYNVISC MB mPA NS  
 TRILURON MB mPA NS  
 TRIVISC \* MB mPA NS  
 VISCO-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

EMPAVELI † MB mPA  
 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\*  
 INFLIXIMAB MB mPA  
 OTEZLA Rx ES PA  
 OTREXUP Rx ES PA SI  
 RASUVO Rx ES PA SI  
 REMICADE MB mPA\*  
 RENFLEXIS MB mPA\*

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 † 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.

SILIQ **Rx ES PA SI**  
SKYRIZI **Rx ES PA SI**  
STELARA **Rx,MB ES PA mPA SI**  
TALTZ \* **Rx ES PA SI**  
TREMIFYA **Rx ES PA SI**  
XELJANZ/XELJANZ XR **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 mPA**  
UPTRAVI **Rx ES PA**  
UPTRAVI IV † **MB**  
VELETRI \* **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 mPA SI**  
FIRDAPSE † **Rx PA**  
GAMIFANT \* **MB mPA**  
GIVLAARI † **MB mPA\***  
IMCIVREE † **MB**  
NULIBRY † **MB mPA**  
RETHYMIC † **MB**  
RUZURGI † **Rx PA**  
RYPLAZIM † **MB mPA**  
SCENESSE † **MB mPA**  
STRATAGRAFT † **MB**  
SUCRAID † **Rx PA**  
TAVNEOS † **Rx PA**  
UPLIZNA \* **MB mPA\***  
VIJOICE \* **Rx ES PA**  
VYEPTI † **MB mPA\* NS**  
VYLEESI † **Rx PA SI NS**  
ZOKINVY † **Rx PA**

## RENAL DISEASE

*cinacalcet* (SENSIPAR) **Rx ES PA**  
JYNARQUE † **Rx PA**  
OXLUMO † **MB mPA\***

PARSABIV **MB mPA**  
TARPEYO † **Rx PA**  
*tiopronin* (THIOLA) **Rx PA**  
THIOLA EC † **Rx PA**

## RESPIRATORY SYNCYTIAL VIRUS

SYNAGIS **MB mPA**

## RETINAL DISORDERS

BEOVU \* **MB mPA**  
EYLEA \* **MB mPA**  
ILUVIEN \* **MB**  
JETREA † **MB mPA**  
LUCENTIS \* **MB mPA**  
LUXTURNA † **MB mPA**  
MACUGEN \* **MB mPA**  
OXERVATE † **Rx PA mPA**  
OZURDEX \* **MB NS**  
RETISERT \* **MB NS**  
SUSVIMO \* **MB**  
TEPEZZA \* **MB mPA\***  
VABYSMO \* **MB**  
VISUDYNE \* **MB mPA**  
XIPERE † **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\***  
INFLIXIMAB **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\***  
REDITREX † **Rx PA SI**  
RINVOQ **Rx ES PA**  
SIMPONI ARIA **MB mPA\***  
SIMPONI **Rx ES PA SI**  
XELJANZ XR **Rx ES PA**  
XELJANZ **Rx ES PA**

## SEIZURE DISORDERS

CORTROPHIN GEL \* **Rx,MB mPA PA SI**  
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\***  
LUPKYNIS † **Rx PA**  
SAPHNELO † **MB mPA\***

## THROMBOCYTOPENIA

CABLIVI † **MB mPA**  
DOPTELET \* **Rx ES**  
MULPLETA **Rx ES**  
NPLATE **MB mPA**  
PROMACTA \* **Rx ES PA**  
TAVALISSE † **Rx PA**

## UREA CYCLE DISORDERS

CARBAGLU † **Rx PA**  
CARGLUMIC ACID † **Rx PA**  
RAVICTI \* **Rx ES PA**  
*sodium phenylbutyrate* (BUPHENYL) \* **Rx ES PA**

## VENOUS INSUFFICIENCY

VARITHENA † **MB**

## WILSON'S DISEASE

CUPRIMINE \* **Rx ES**  
DEPEN TITRATABS \* **Rx ES**  
SYPRINE \* **Rx ES**

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