

Specialty Drug List

July 2024

Preferred brand-name drugs are listed in bold. *Generic drugs are listed in bold and italicized.* Some medications are noted with letters or symbols next to them. The letters and symbols refer to pharmacy benefit programs and are provided to help you check which medications may have a program or limit. Your benefit plan determines how these medications may be covered for you.

* Limited distribution

PA Prior Authorization

E Excluded May be excluded from coverage or subject to prior authorization. Lower cost options are available and covered.

S Split-fill First two fills restricted to a maximum 15-day supply.

C CAAP Rx Specialty medication copay program.

Blood Disorders/ Blood Cell Deficiency

Adakveo*^{PA}
Adzynma*^{PA}
Alvaiz^{PA}
Aphexda^{PA}
Aranesp^{PA}
Casgevvy*^{PA}
Ceprotin*
Coagadex*
Corifact*
Cosela^{PA E}
Empaveli*^{PA}
Enjaymo*^{PA}
Epogen^{PA E}
Fabhalta*^{PA}
Fibryga*
Fulphila^{PA E}
Fylmetra^{PA E}
Granix^{PA E}
Javygtor^{PA E}
Jesduvroq*^{PA E}
Kcentra*
Kuvan^{PA E C}
Leukine^{PA}
Lyfgenia*^{PA}
Mircera^{PA}
Mozobil^{PA}
Mulpleta^{PA}
Neulasta^{PA}
Neupogen^{PA E}
Nivestym^{PA}
Nplate^{PA}
Nyvepria^{PA E}
Oxbryta*^E

plerixafor^{PA}
Procrit^{PA}
Promacta^{PA C}
Pyrukynd*^{PA}
Reblozyl*^{PA}
Releuko^{PA E}
Retacrit^{PA}
Riastap*
Rolvedon^{PA E}
Ryplazim*^{PA}
sapropterin^{PA C}
Scenesse*
Soliris*^{PA}
Stimufend^{PA E}
Tavalisse*^{PA C}
Thrombate III
Tretten*
Udenyca^{PA}
Ultomiris*^{PA C}
Vonvendi*
Voydeya*^{PA}
Wilate
Zarxio^{PA C}
Ziextenzo^{PA E}
Zynteglo*^{PA}

Gaucher Disease

Cerdelga*^{PA}
Cerezyme^C
Elelyso*
miglustat^{PA}
Vpriv*
Yargesa*^{PA}
Zavesca*^{PA}

Growth Hormones

Genotropin^{PA E}
Humatrope^{PA E C}
Increlex*^{PA}
Ngenla^{PA}
Norditropin^{PA C}
Nutropin AQ^{PA C}
Omnitrope^{PA C}
Saizen^{PA E}
Serostim^{PA}
Skytrofa^{PA C}
Sogroya^{PA E}
Zomacton^{PA E}
Zorbtive^{PA}

Hemophilia

Advate*
Adynovate*
Afstyla*
Alphanate*
Alphanine SD*
Alprolix*
Altuviio*
Benefix*
Eloctate*
Esperoct*
Feiba*
Hemgenix*
Hemlibra*^{PA C}
Hemofil M*
Humate-P*^C
Idelvion*
Ixinity*
Jivi*
Koate*

Kogenate FS*
Kovaltry*
Novoeight*
Novoseven RT*
Nuwiq*
Obizur*
Profilnine*
Rebinyn*
Recombinate*
Rixubis*
Roctavian*
Sevenfact*^E
Xyntha*

Hepatitis

Epcclusa^{PA C}
Harvoni^{PA C}
Intron A*
Ledipasvir-Sofosbuvir^{PA E}
Mavyret^{PA C}
Pegasys^{PA}
ribavirin^{PA}
Sofosbuvir-Velpatasvir^{PA E}
Sovaldi^{PA C}
Viekira Pak^{PA}
Vosevi^{PA C}
Zepatier^{PA}

Hyper- cholesterolemia

Evkeeza*^{PA}
Juxtapid*^{PA}

Infertility

cetrotrelis

* **Limited distribution**
 PA **Prior Authorization**

E **Excluded** May be excluded from coverage or subject to prior authorization. Lower cost options are available and covered.

S **Split-fill** First two fills restricted to a maximum 15-day supply.
 C **CAAP Rx** Specialty medication copay program

Cetrotide^E
 Chorionic gonadotropin
Follistim AQ^{PA}
Fyremadel
ganirelix
 Gonal-F^{PA E}
Lupron
 Menopur^{PA}
 Novarel
 Ovidrel
 Pregnyl

Inflammatory (RA, Crohns, Psoriasis)

Abrilada^{PA E C}
 Actemra^{(IV) PA C}
 Adalimumab-aac^{PA E}
 Adalimumab-aat^{PA E}
Adalimumab-adaz^{PA}
Adalimumab-adbm^{(Boehr Ing) PA, C}
 Adalimumab-adbm^{(Quallent) PA}
 Adalimumab-fkjp^{PA E C}
 Adalimumab-ryvk^{PA}
Amjevita^{(preferred NDCs) PA C}
 Amjevita^{(non-preferred NDCs) PA C}
Avsola^{PA C}
 Bimzelx^{PA E}
Cimzia^{PA C}
 Cosentyx^{PA E C}
Cyltezo^{PA C}
Enbrel^{PA C}
 Entyvio^{PA C}
 Hadlima^{PA E C}
 Hulio^{PA E C}
Humira^{(Abbvie) PA C}
 Humira^{(Cordavis) PA E}
Hyrimoz^{(Sandoz) PA C}
 Hyrimoz^{(Cordavis) PA E}
 Idacio^{PA E C}
 Ilumya^{PA C}
Inflectra^{PA C}
 Infliximab^{PA E C}
 Kevzara^{PA C}
 Kineret^{PA}
 Olumiant^{PA C}
 Omvoh^{PA}
 Orencia^{PA C}
Otezla^{PA C}
 Remicade^{PA E C}
 Renflexis^{PA E C}
 Ridaura
Rinvoq^{PA C}

Siliq^{PA C}
 Simlandi^{PA}
Simponi^{PA C}
Simponi Aria^{PA C}
Skyrizi^{PA C}
 Sotyktu^{PA C}
 Spevigo^{PA}
Stelara^{PA C}
 Taltz^{PA C}
 Tofidence^{PA C}
Tremfya^{PA C}
 Tyenne^{PA}
 Velsipity^{PA E}
Xeljanz/XR^{PA C}
 Yuflyma^{PA E C}
 Yusimry^{PA E C}
 Zymfentra^{PA}

Immune Deficiency

Actimmune^{PA}
 Alyglo^{PA}
 Asceniv^{PA E}
 Bivigam^{PA}
 Cutaquig^{PA E C}
 Cuvitru^{PA}
Cytogam^{PA}
 Flebogamma^{PA}
Gamastan^{PA}
 Gammagard^{PA C}
 Gammaked^{PA}
 Gammplex^{PA}
 Gamunex-C^{PA C}
 Hizentra^{PA C}
Hyperrho S/D
 Hyqvia^{PA}
Micrhogam
 Octagam^{PA}
 Panzyga^{PA E C}
 Privigen^{PA}
Rhogam Plus
Winrho SDF
 Xembify^{PA}

Multiple Sclerosis

Acthar^{PA}
 Ampyra^{PA E C}
 Aubagio^{PA E C}
Avonex^{PA C}
Bafiertam^{PA}
Betaseron^{PA C}
 Briumvi^{PA}
 Copaxone 20mg^{PA E C}

Copaxone 40mg^{PA C}
Cortrophin^{PA}
dalfampridine^{PA}
dimethyl fumarate^{PA}
 Extavia^{PA E}
ingolimod^{PA}
 Gilenya^{PA E C}
glatiramer^{PA C}
Glatopa^{PA C}
Kesimpta^{PA C}
 Lemtrada^{PA}
 Mavenclad^{PA C}
 Mayzent^{PA C}
mitoxantrone^{PA}
 Ocrevus^{PA C}
 Plegridy^{PA E}
 Ponvory^{PA E}
 Rebif^{PA E C}
 Tascenso ODT^{PA E}
 Tecfidera^{PA E C}
teriflunomide^{PA C}
 Tysabri^{PA}
Vumerity^{PA C}
 Zeposia^{PA C}

Oncology

Abecma^{PA}
abiraterone^{PA S}
Abraxane^C
Adcetris^{PA}
adriamycin
 Adstiladrin^{PA}
 Afinitor^{PA S E C}
 Afinitor Disperz^{PA S E C}
 Akeega^{PA E}
Alecensa^{PA}
 Alimta^{PA C}
 Aliqopa^{PA}
 Alkeran
Alunbrig^{PA}
 Alymsys^{PA E}
 Amtagvi^{PA}
 Anktiva^{PA}
 Arranon
arsenic trioxide
Arzerra^{PA}
 Asparlas^{*}
 Augtyro^{PA S}
 Avastin^{*}
 Ayvakit^{PA S}
azacitidine
 Balversa^{PA S}
 Bavencio^{PA}

Beleodaq^{PA}
 Belrapzo^{PA E}
bendamustine^{PA}
 Bendamustine^{PA E}
 Bendeka^{PA}
 Besponsa^{PA}
 Besremi^{PA E C}
bexarotene^{PA S}
bexarotene gel^{PA}
 BICNU
 Blenrep^{PA}
bleomycin
 Blincyto^{PA}
bortezomib^{PA}
 Bosulif^{PA S}
 Braftovi^{PA S C}
 Breyanzi^{PA}
 Brukinsa^{PA S}
busulfan
 Busulfex
Cabometyx^{PA C}
 Calquence^{PA S}
 Camcevi^{PA}
 Camptosar
capecitabine
Caprelsa^{PA}
carboplatin
carmustine
 Carvykti^{PA}
cisplatin
cladribine
clofarabine^{*}
 Clolar^{*}
 Columvi^{PA}
 Cometriq^{PA S}
 Copiktra^{PA S}
 Cosmegen
 Cotellic^{PA}
cyclophosphamide
 Cyramza^{PA}
cytarabine
dacarbazine
 Dacogen^{PA}
dactinomycin
 Danyelza^{PA}
 Darzalex^{PA}
 Darzalex Faspro^{PA E}
daunorubicin
 Daurismo^{PA S}
decitabine
dexrazoxane
docetaxel
 Docivyx

* **Limited distribution**
 PA **Prior Authorization**

E **Excluded** May be excluded from coverage or subject to prior authorization. Lower cost options are available and covered.

S **Split-fill** First two fills restricted to a maximum 15-day supply.
 C **CAAP Rx** Specialty medication copay program

Doxil
doxorubicin
 Elahere*PA
 Eligard^{PA}
 Ellence
 Elrexfio*PA
 Elzonris*PA
 Empliciti*PA
 Enhertu*PA
 Epkinly*PA
Erbix^{PA}
 Erivedge*PA S
 Erleada*PA C
erlotinib*PA S
 Ethyol
 Etopophos
etoposide
everolimus^{PA S}
 Evomela
 Exkivity*PA S C
 Farydak*PA
 Faslodex^{PA C}
 Firmagon^{PA}
floxuridine
fludarabine
fluorouracil
 Folutyn^{PA C}
 Fotivda*PA E
 Fruzaqla*PA
fulvestrant^{PA}
 Fyarro*PA
 Gavreto*PA
 Gazyva*PA
gefitinib*PA
gemcitabine
 Gilotrif*PA
 Gleevec^{PA S(100mg) E C}
 Gleostine
Halaven^{PA C}
 Herceptin*PA
 Herceptin Hylecta*PA
 Herzuma*PA E
 Hycamtin
hydroxyprogesterone caproate^{PA}
 Ibrance*PA C
 Iclusig*PA S
 Idamycin PFS
idarubicin
 Idhifa*PA
 Ifex
ifosfamide
imatinib^{PA}
 Imbruvica Cap^{PA C}

Imbruvica Tab*PA C E (140, 280mg)
 Imfinzi*PA
 Imjudo*PA
 Imlygic*
 Infugem
 Inlyta*PA S C
 Inqovi*PA E
 Inrebic*PA S
 Iressa*PA
irinotecan
 Istodax*PA
 Iwilfin*PA
Ixempra^{PA C}
Jakafi*PA S C
 Jaypirca*PA S
 Jelmyto*
 Jemperli*PA
Jevtana^C
 Kadcylla*PA C
Kanjinti*PA
 Kemoplat
 Keytruda*PA C
 Kimmtrak*PA
 Kisqali^{PA C}
 Kisqali Femara
 Co-pack^{PA C}
 Koselugo*PA
 Krazati*PA
 Kymriah*PA
Kyprolis*PA
lapatinib^{PA}
lenalidomide*PA C (Alvogen, Teva)
 Lenvima*PA C
leuprolide^{PA}
 Leuprolide 22.5mg^{PA}
 Libtayo*PA
 Lonsurf*PA
 Loqtorzi*PA
 Lorbrene*PA S
 Lumakras*PA S C
 Lumoxiti*PA
Lunsumio*PA
Lupron Depot^{PA}
Lynparza*PA C
 Lytgobi*PA S
 Margenza*PA
Matulane*
 Mekinist Tab^{PA S C}
 Mekinist Soln^{PA C}
 Mektovi*PA S
melphalan
mesna
 Mesnex
mitomycin

Monjuvi*PA
Mutamycin
Mvasi*PA
 Mylotarg*PA
nelarabine
 Nerlynx*PA S
 Nexavar*PA S C
 Nilandron^{PA}
nilutamide
 Ninlaro*PA
 Nipent
 Nubeqa*PA C
 Odomzo*PA
 Ogivri*PA E
 Ojemda*PA
 Ojjaara*PA E
 Omisirge*PA
Oncaspar*
 Onivyde^C
 Ontruzant*PA E
 Onureg*PA
 Opdivo*PA C
 Opdualag*PA
 Orgovyx*PA
 Orserdu*PA S
oxaliplatin
paclitaxel
 Paclitaxel protein-bound
 Padcev*PA
Paraplatin
pazopanib^{PA S}
 Pemazyre*PA E
 Pemetrexed*PA
 Pemfexy*PA
 Pemrydi RTU*PA
Perjeta*PA
Phesgo*PA
 Photofrin
 Piqray*PA C
 Pluvicto*PA
 Polivy*PA
 Pomalyst^{PA C}
 Portrazza^{PA}
 Poteligeo*PA
 Pralatrexate^{PA}
Proleukin
Provenge*PA
 Purixan*
 Qinlock*PA
 Retevmo*PA C
Revlimid*PA C
 Rezlidhia*PA S E
 Riabni*PA E

Rituxan*PA
 Rituxan Hycela*PA
romidepsin*PA
 Rozlytrek*PA
 Rubraca*PA E
Ruxience*PA
 Rybrevant*PA
 Rydapt*PA
 Rylaze*PA E
 Sarclisa*PA
 Scemblix*PA C
sorafenib^{PA S}
Sprycel^{PA S C}
Stivarga*PA C
sunitinib*PA S
 Sutent*PA S E C
 Synribo^{PA}
Tabloid*
 Tabrecta*PA
 Tafenlar Cap^{PA S C}
 Tafenlar Susp^{PA C}
 Tagrisso*PA C
 Talvey*PA
 Talzenna^{PA S E C}
 Tarceva*PA S
 Targretin^{PA S E C}
 Targretin gel^{PA C}
 Tassigna^{PA S C}
 Tazverik*PA E
 Tecartus*PA
 Tecentriq*PA
 Tecvayli*PA
 Temodar^{PA}
temozolomide^{PA}
temsirolimus
 Tepadina
 Tepmetko^{PA S E}
Thalomid*PA
thiotepa
Thyrogen^{PA C}
 Tibsovo*
Tice BCG
 Tivdak*PA
Toposar
topotecan
 Totect
Trazimera*PA
 Treanda^{PA E}
 Trelstar^{PA}
tretinoin*
 Trisenox
 Trodelvy*PA
 Truqap*PA

* **Limited distribution**
 PA **Prior Authorization**

E **Excluded** May be excluded from coverage or subject to prior authorization. Lower cost options are available and covered.

S **Split-fill** First two fills restricted to a maximum 15-day supply.
 C **CAAP Rx** Specialty medication copay program

Truxima^{*PA E}
 Tukysa^{*PA C}
 Turalio^{*PA S}
 Tykerb^{*PA}
 Unituxin^{PA}
 Valchlor Gel^{*PA}
valrubicin
 Valstar
 Vanflyta^{*PA}
 Vectibix^{PA}
 Vegzelma^{*PA E}
 Velcade^{PA}
 Venclexta^{*PA C}
 Verzenio^{*PA C}
 Vidaza^{PA C}
vinblastine
Vincasar PFS
vincristine
vinorelbine
 Vitravki^{*PA S C}
 Vivimusta^{PA E}
 Vizimpro^{*PA S}
 Vonjo^{*PA}
 Votrient^{PA S C}
 Vyxeos^{*PA}
 Welireg^{*PA C}
 Xalkori^{*PA S E}
 Xeloda
 Xospata^{*PA}
 Xpovio^{*PA S}
 Xtandi^{*PA S C}
Yervoy^{*PA}
 Yescarta^{*PA}
 Yondelis^{*}
 Yonsa^{PA S E C}
Zaltrap^{*PA}
Zanosar
Zejula^{*PA}
 Zelboraf^{*PA S}
 Zepzelca^{*PA}
 Zevalin^{*}
Zirabev^{*PA}
 Zoladex^C
Zolinza^{PA S}
 Zydelig^{*PA}
 Zykadia^{*PA S}
 Zynlonta^{*PA}
 Zynyz^{PA}
 Zytiga^{PA S E C}

Osteoporosis

Evenity^{PA C}
 Forteo^{PA E C}

Prolia^{PA C}
teriparatide 600mg^{PA}
Teriparatide 620mg^{PA}
Tymlos^{*PA C}

Pulmonary Disorders

Aralast NP^{*PA}
 Arikayce^{PA}
 Bethkis^{*PA E}
 Bronchitol^{*PA}
 Cayston^{*PA E}
 Cinqair^{PA C}
 Esbriet^{PA E}
Fasenra^{*PA C}
 Glassia^{*PA}
 Kalydeco^{*PA C}
 Kitabis^{PA E}
Nucala^{PA C}
 Ofev^{*PA C}
 Orkambi^{*PA C}
pirfenidone^{PA}
 Prolastin-C^{*PA}
Pulmozyme^{PA C}
 Symdeko^{*PA C}
Synagis^{*PA C}
Tezspire^{*PA C}
 TOBI Neb^{PA E}
 TOBI Podhaler
tobramycin neb
 Tobramycin neb (Genericus) ^{PA E}
 Trikafta^{*PA C}
Xolair^{*PA C}
 Zemaira^{*PA}

Pulmonary Hypertension

Adcirca^{PA E C}
Adempas^{*PA C}
Alyq^{PA}
ambrisentan^{*PA}
bosentan^{*PA}
epoprostenol^{PA}
 Flolan^{*PA}
 Letairis^{*PA E}
Opsumit^{*PA C}
 Opsynvi^{*PA}
 Orenitram^{*PA}
 Remodulin^{*PA E C}
tadalafil^{PA}
 Tadiq^{PA E}
 Tracleer^{*PA E C}
treprostinil^{*PA C (Sandoz)}
 Tyvaso^{*PA C}

Tyvaso DPI^{*PA C}
 Uptravi^{*PA C}
 Veletri^{*PA}
 Ventavis^{*PA}
 Winrevair^{*PA}

Other

Adbry^{PA C}
 Aduhelm^{*PA E}
Aldurazyme^{*}
Alferon N^{*}
 Agamree^{*PA}
 Amondys 45^{*PA E}
 Amvuttra^{*PA}
 Apokyn^{*PA}
apomorphine^{*PA}
 Arcalyst^{*PA}
Atgam
 Austedo^{PA C}
 Austedo XR^{PA C}
 Benlysta^{*PA C}
 Beovu^{E C}
 Berinert^{*PA}
betaine anhydrous^{*}
Bevacizumab^{*}
 Brineura^{*PA}
 Brixadi^{*}
 Buphenyl^{*E}
 Bylvay^{*PA}
 Byooviz^{*PA E}
 Cablivi^{*PA}
 Camzyos^{*PA C}
 Carbaglu^{*PA}
carglumic acid^{*PA}
 Chenodal
 Cholbam^{*PA}
Cibinco^{PA C}
Cimerli^{*PA}
 Cinryze^{*PA E}
 Crysvida^{*PA}
 Cuprimine^{PA E}
 Cuvrior^{PA E}
 Cystadane^{*}
 Cystadrops^{*PA}
 Cystagon^{*}
 Cystaran^{*PA}
 Daraprim^{PA C}
 Daybue^{*PA E}
 Defitelio
deflazacort^{PA}
Depen
 Dextenza^{*}
 Diacomit^{*PA}

dichlorphenamide^{*PA}
 Doptelet^{*PA C}
droxidopa^{PA}
Dupixent^{PA C}
 Egrifta^{*PA}
Elaprase^{*}
 Elevidys^{*PA E}
 Elfabrio^{*PA E}
 Elitek^C
 Emflaza^{*PA}
 Enspryng^{*PA}
 Epidiolex^{*PA C}
 Exondys 51^{PA E C}
 Evrysdi^{*PA}
 Eylea^{*C}
 Eylea HD^{*C}
Fabrazyme^{*PA}
 Fensolvi^{PA C}
 Filispari^{*PA}
 Fintepla^{*C}
 Firazyr^{PA E C}
 Firdapse^{*PA E}
 Galafold^{*PA}
 Gamifant^{*PA}
 Gattex^{*}
 Givlaari^{*PA}
 Haegarda^{*PA}
 Hetlioz^{*PA E}
 Hetlioz LQ^{*PA E}
icatibant^{PA C (Cipla, Teva)}
 IDose TR^{*}
Ilaris^{*PA}
 Iluvien^{*}
 Imcivree^{*PA E}
 Inbrija^{*PA C}
 Ingrezza^{*PA C}
 Isturisa^{*PA E}
 Izervay^{*PA}
 Joenja^{*PA E}
 Jynarque^{*PA E C}
 Kalbitor^{*PA}
 Kanuma^{*PA}
 Kepivance
 Keveyis^{*PA}
 Khapzory^{PA C}
 Korlym^{*PA}
 Korsuva^{PA}
 Krystexxa^{*PA}
 Kynmobi^{iPA}
 Lamzede^{*PA}
 Lanreotide^{*PA E}
 Lantidra^{*PA}
 Lenmeldy^{*PA}

Specialty Drug List | July 2024

* **Limited distribution**
 PA **Prior Authorization**

E **Excluded** May be excluded from coverage or subject to prior authorization. Lower cost options are available and covered.

S **Split-fill** First two fills restricted to a maximum 15-day supply.
 C **CAAP Rx** Specialty medication copay program

Leqembi*^{PA E}
levoleucovorin
 Litfulo^{PA C}
 Livmarli*^{PA E}
 Livtency*^{PA}
 Lucentis*^{PA E}
 Lumizyme*
 Lumryz*^{PA E}
 Lupkynis*^{PA E}
 Lupron Depot^{PA C}
 Lupron Depot-Ped^{PA C}
 Luxturna*^{PA}
 Mepsevii*^{PA}
mifepristone*^{PA}
 Myalept*
 Mycapssa^{PA E}
Naglazyme*
 Natpara*^{PA}
 Nexviazyme*^{PA}
nitisinone^{PA}
 Nityr*^{PA}
 Northera*^{PA}
 Nulibry*^{PA}
 Nulojix
 Ocaliva*^{PA}
octreotide^{PA}
 Ogsiveo*^{PA}
 Olpruva*^E
 Onpattro*^{PA}
 Opfolda*^{PA}
 Orfadin*^{PA}
 Orladeyo*^{PA}
 Ormalvi*^{PA}
 Oxervate^{PA C}
 Oxlumo*^{PA}
 Ozurdex*
 Palforzia^E
 Palyzinq*^{PA E}

Panhematin*
 Parsabiv
penicillamine cap^{PA E}
penicillamine tab^{PA}
 Pheburane*
 Photrexa*^{PA}
 Pombiliti*^{PA}
 Prevmis^{PA C}
Prialt^C
 Procybsi*^{PA}
pyrimethamine^{PA}
 Qalsody*^{PA}
 Radicava*^{PA}
Radicava ORS*^{PA C}
 Ravicti*^E
 Rebyota*^{PA}
 Recorlev*^{PA E}
 Relyvrio*^{PA}
 Rethymic*
 Retisert*
 Revcovi*^{PA}
 Rezdifra^{PA}
 Rezurock*^{PA E}
 Rezzayo
 Rivfloza*^{PA}
 Ruconest*^{PA}
 Rystiggo*^{PA}
 Sabril*^{PA E}
Sajazir^{PA}
 Samsca*^{PA}
 Sandostatin^{PA E C}
 Sandostatin LAR^{PA}
 Saphnelo*^{PA}
 Signifor*^{PA E}
 Signifor LAR*^{PA}
 Skyclarys*^{PA}
 Skysona*^{PA}
 Sodium Oxybate*^{PA}

Sodium Oxybate*^{PA E (Amneal)}
sodium phenylbutyrate
 Sohonos*^{PA}
Solesta*
 Somatuline Depot*^{PA}
 Somavert*
 Spinraza*
 Spravato*^{PA C}
Strensiq*^{PA}
 Sublocade*^C
 Sucraid*^{PA}
Supprelin LA*^{PA}
 Susvimo*^{PA}
 Syfovre*^{PA}
 Sylvant^C
 Syprine^{PA}
 Takhzyro*^{PA}
 Tarpeyo*^{PA E C}
tasimelteon^{PA}
 Tavneos*^{PA E}
 Tegsedj*^{PA}
 Tepezza*
tetrabenazine
 Thiola*
 Thiola EC*^C
tiopronin
tiopronin DR*
tolvaptan^{PA}
trientine^{PA}
 Triptodur*^{PA C}
 Uplizna*^{PA}
 Vabysmo*^{PA}
 Veopoz*^{PA}
vigabatrin*^{PA}
Vigadrone*^{PA}
Vigpoder*^{PA}
 Vijoice*^{PA E}

Viltepso*^{PA E}
 Vimizim*^{PA}
 Visudyne*
 Vivitrol
 Vowst*^{PA E}
 Voxzogo*^{PA}
 Vyjuvek*^{PA}
 Vyndamax*^{PA}
 Vyndaqel*^{PA}
 Vyondys 53^{PA E C}
 Vyvgart*^{PA}
 Vyvgart Hytrulo*^{PA}
 Wainua*^{PA}
 Wakix*^{PA C}
 Xenazine*
 Xenpozyme*^{PA}
 Xermelo*^{PA}
Xgeva^{PA C}
Xiaflex*^{PA C}
 Xphozah*^{PA E}
 Xuriden^{PA}
 Xyrem*^{PA E C}
 Xywav*^{PA C}
 Yutiq*
 Zilbrysq*^{PA}
 Zinplava*^{PA}
 Zokinvy*^{PA}
 Zolgensma*^{PA}
 Ztalmu*^{PA}
 Zulresso*^{PA}

This is not a complete list of specialty drugs and listing is not a guarantee of coverage. Selected drugs on this list may be excluded under your specific plan design and/or may be subject to quantity limitations or prior authorization depending on plan benefit design. Listings are subject to change. Selected drugs on the list, including limited distribution products, are not available from Serve You Rx Home Delivery Pharmacy. To find out if your specialty drug is available from Serve You Rx Home Delivery Pharmacy, please call 800-759-3203. **Serve You Rx Specialty Pharmacy is the preferred specialty pharmacy for Serve You Rx members.**

If you have additional questions, please call customer service at 800-759-3203 or visit [ServeYouRx.com](https://www.ServeYouRx.com).