

## 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.

### **Antivirals**

Yeztugo

### **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  
 Beqvez  
 Cinryze\* (P)  
 Hemgenix  
 Hypmavzi  
 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)  
 Fasenna\* (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  
 Vyepti

### **Multiple Sclerosis**

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

### **Myasthenia Gravis Agents**

Imaavy\*  
 Rystiggo  
 Soliris\*  
 Ultomiris\*  
 Vyvgart\*  
 Vyvgart Hytrulo\*

### **Neurological Agents**

Aduhelm

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)

October 2025  
 AscellaHealth, LLC



## Medical Specialty Drug List

Legembi  
Qalsody

### **Pulmonary Hypertension**

epoprostenol sodium\* (P)  
Flolan\*  
Remodulin\* (P)  
treprostinil\* (P)  
Velettri\* (P)

### **Others**

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

October 2025  
AscellaHealth, LLC