



Federal Employee Program.



## 2019 Service Benefit Plan Basic Option Specialty Drug List

If you are a member or health care provider and have questions, please call 1-888-346-3731, or visit [fepblue.org/pharmacy](http://fepblue.org/pharmacy).

Specialty drugs are prescribed to treat people with complex conditions such as multiple sclerosis, hemophilia, hepatitis C and rheumatoid arthritis. These high cost drugs also have one or more of the following traits: they are injected or infused (but some may be taken by mouth); they have unique storage or shipment needs; more education and support is needed to help patients use the drugs properly, and they are usually not stocked at retail pharmacies.

This list of specialty drugs is updated and is subject to change. Changes may appear prior to their effective date. For drug-specific coverage information, please call the number listed above Monday-Friday from 7 a.m. to 9 p.m., or Saturday/Sunday from 8 a.m. to 6:30 p.m. ET.

Please Note: The self-injectable formulation of the drugs with an asterisk are only covered under the pharmacy benefit.

<b>A</b>	ALPHANATE	AZEDRA (PA) <sup>^</sup>
<b>Abiraterone (PA)</b>	ALPHANINE SD	<b>B</b>
ABRAXANE	ALPROLIX	BALVERSA (PA) <sup>1</sup>
ACTEMRA (PA)	ALUNBRIG (PA) <sup>1</sup>	BARACLUDE
ACTHAR (PA)	<b>Alyq (PA)</b>	BAVENCIO (PA) <sup>1</sup>
ACTIMMUNE (PA) <sup>*</sup>	<b>Ambrisentan (PA)</b>	BEBULIN
ADAGEN	AMPYRA (PA)	BELEODAQ (PA)
ADCETRIS (PA)	ANDEXXA <sup>^</sup>	BELRAPZO (PA)
ADCIRCA (PA)	APLIGRAF <sup>^</sup>	BENDAMUSTINE (PA)
<b>Adefovir</b>	APOKYN <sup>*1</sup>	BENDEKA (PA)
ADEMPAS (PA) <sup>1</sup>	ARALAST NP (PA)	BENEFIX
<b>Adriamycin</b>	ARANESP (PA)	BENLYSTA (PA)
<b>Adrucil</b>	ARCALYST (PA) <sup>*1</sup>	BERINERT (PA)
ADVATE	ARIKAYCE (PA) <sup>1</sup>	BESPONSA (PA) <sup>1</sup>
ADYNOVATE	ARRANON	BETASERON (PA) <sup>*</sup>
AFINITOR (PA)	<b>Arsenic Trioxide</b>	BETHKIS
AFSTYLA	ARZERRA (PA)	<b>Bexarotene (PA)</b>
ALDURAZYME (PA)	AUBAGIO (PA)	BICNU
ALECENSA (PA)	AUSTEDO (PA)	BIVIGAM (PA)
ALFERON N (PA) <sup>1</sup>	AVASTIN (PA)	<b>Bleomycin</b>
ALIMTA	AVEED (PA)	BLINCYTO (PA) <sup>1</sup>
ALIQOPA (PA) <sup>^</sup>	AVONEX (PA) <sup>*</sup>	BORTEZOMIB (PA)
ALKERAN	<b>Azacitidine</b>	<b>Bosentan (PA)</b>

(PA) – Requires Prior Authorization	Bold Lower Case - Generic Drug	<sup>^</sup> - Covered under Medical Benefit Only
UPPER CASE - Brand Name Drug	<sup>*</sup> - Covered under Pharmacy Benefit Only	<sup>1</sup> - Limited Distribution Drugs

BOSULIF (PA)	CYTOVENE	ERBITUX (PA)
BOTOX (PA)	<b>D</b>	ERIVEDGE (PA)
BRAFTOVI (PA) <sup>1</sup>	<b>Dacarbazine</b>	ERLEADA (PA)
BRINEURA (PA) <sup>^</sup>	DACOGEN	<b>Erlotinib (PA)</b>
BUPHENYL (PA)	<b>Dactinomycin</b>	ERWINAZE (PA) <sup>1</sup>
<b>C</b>	<b>Dalfampridine Er (PA)</b>	ESBRIET (PA)
CABLIVI (PA) <sup>1</sup>	DARZALEX (PA)	ETHYOL
CABOMETYX (PA)	<b>Daunorubicin</b>	ETOPOPHOS
CALQUENCE (PA) <sup>1</sup>	DAURISMO (PA)	<b>Etoposide</b>
CAMPTOSAR	<b>Decitabine</b>	EUFLEXXA (PA)
<b>Capecitabine</b>	<b>Deferasirox (PA)</b>	EVENITY (PA)
CAPRELSA (PA) <sup>1</sup>	<b>Deferoxamine</b>	EVOMELA (PA)
CARBAGLU (PA) <sup>1</sup>	DESFERAL	EXJADE (PA)
<b>Carboplatin</b>	<b>Dexrazoxane</b>	EXONDYS 51 (PA) <sup>1</sup>
<b>Carmustine</b>	DEXYCU <sup>^</sup>	EXTAVIA (PA)*
CAYSTON	DIACOMIT (PA) <sup>1</sup>	EYLEA (PA)
CEPROTIN (PA)	<b>Docetaxel</b>	<b>F</b>
CERDELGA (PA)	<b>Dofetilide</b>	FABRAZYME (PA)
CEREZYME (PA)	DOPTELET (PA) <sup>1</sup>	FARYDAK (PA)
CETROTIDE (PA)	DOXIL	FASENRA (PA)
CHOLBAM (PA) <sup>1</sup>	<b>Doxorubicin</b>	FASENRA PEN (PA)
CHORIONIC GONADOTROPIN (PA)	<b>Doxorubicin Hydrochloride Liposome</b>	FASLODEX
CIMZIA (PA)	DSUVIA (PA) <sup>^</sup>	FEIBA
<b>Cinacalcet (PA)</b>	DUPIXENT (PA)	FERRIPROX (PA) <sup>1</sup>
CINQAIR (PA)	DUROLANE (PA)	FIBRYGA <sup>1</sup>
CINRYZE (PA) <sup>1</sup>	DYSPORT (PA)	FIRAZYR (PA)*
<b>Cisplatin</b>	<b>E</b>	FIRDAPSE (PA) <sup>1</sup>
<b>Cladribine</b>	EGRIFTA (PA)	FIRMAGON (PA)
<b>Clofarabine</b>	ELAPRASE (PA)	FLEBOGAMMA (PA)
CLOLAR	ELELYSO (PA) <sup>1</sup>	FLOLAN (PA) <sup>1</sup>
COAGADEX <sup>1</sup>	ELIGARD (PA)	FLOLAN STERILE DILUENT <sup>1</sup>
COMETRIQ (PA) <sup>1</sup>	ELITEK	<b>Floxuridine</b>
COPIKTRA (PA) <sup>1</sup>	ELLENCE	<b>Fludarabine</b>
CORIFACT	ELOCTATE	<b>Fluorouracil</b>
COSENTYX (PA)	ELZONRIS (PA) <sup>^</sup>	FOLLISTIM AQ (PA)
COSMEGEN	EMFLAZA (PA) <sup>1</sup>	FOLOTYN
COTELLIC (PA)	EMPLICITI (PA)	FORTEO (PA)*
CRYSVITA (PA) <sup>1</sup>	ENBREL (PA)*	FULPHILA (PA)
CUTAQUIG (PA) <sup>1</sup>	ENDARI (PA) <sup>1</sup>	<b>Fulvestrant</b>
CUVITRU (PA) <sup>1</sup>	<b>Entecavir</b>	FUSILEV
<b>Cyclophosphamide</b>	ENTYVIO (PA)	FUZEON*
CYRAMZA (PA)	EPCLUSA (PA)	<b>G</b>
CYSTADANE <sup>1</sup>	EPIDIOLEX (PA)	GALAFOLD (PA)
CYSTAGON <sup>1</sup>	<b>Epirubicin</b>	GAMASTAN (PA)
CYSTARAN	EPOGEN (PA)	GAMASTAN S/D (PA)
<b>Cytarabine</b>	<b>Epoprostenol (PA)<sup>1</sup></b>	GAMIFANT (PA) <sup>1</sup>
CYTOGAM	<b>Epoprostenol Sterile Diluent<sup>1</sup></b>	GAMMAGARD (PA)

(PA) – Requires Prior Authorization  
UPPER CASE - Brand Name Drug

**Bold Lower Case** - Generic Drug  
\* - Covered under Pharmacy Benefit Only

<sup>^</sup> - Covered under Medical Benefit Only  
<sup>1</sup> - Limited Distribution Drugs

GAMMAKED (PA)	IDHIFA (PA)	KUVAN (PA)
GAMMAPLEX (PA)	IFEX	KYLEENA
GAMUNEX-C (PA)	<b>lfosfamide</b>	KYMRIAH (PA)^
<b>Ganciclovir</b>	ILARIS (PA)	KYPROLIS (PA)
<b>Ganirelix (PA)</b>	ILUMYA (PA)	<b>L</b>
GATTEX (PA) <sup>1</sup>	<b>Imatinib (PA)</b>	LARTRUVO (PA) <sup>1</sup>
GAZYVA (PA)	IMBRUVICA (PA) <sup>1</sup>	LEDIPASVIR/SOFOSBUVIR(P A)
GEL-ONE (PA)	IMFINZI (PA) <sup>1</sup>	LEMTRADA (PA)
GELSYN-3 (PA)	IMLYGIC (PA)	LENVIMA (PA) <sup>1</sup>
<b>Gemcitabine</b>	INBRIJA (PA)	LETAIRIS (PA)
GENVISC 850 (PA)	INCRELEX (PA)*	LEUKINE (PA)
GILENYA (PA)	INFLECTRA (PA)^	<b>Leuprolide (PA)</b>
GILOTRIF (PA) <sup>1</sup>	INGREZZA (PA) <sup>1</sup>	<b>Levoleucovorin</b>
GLASSIA (PA)	INLYTA (PA)	LIBTAYO (PA)
<b>Glatiramer (PA)*</b>	INREBIC (PA)	LILETTA <sup>1</sup>
<b>Glatopa (PA)*</b>	INTRON A (PA)	<b>Lipodox</b>
GLEEVEC (PA)	IRESSA (PA) <sup>1</sup>	LONSURF (PA)
GONAL-F (PA)	<b>Irinotecan</b>	LORBRENA (PA)
GRANIX (PA)	ISTODAX (PA)	LUCENTIS (PA)
<b>H</b>	IXEMPRA	LUMIZYME (PA)
HAEGARDA (PA)	IXINITY	LUMOXITI (PA) <sup>1</sup>
HALAVEN (PA)	<b>J</b>	LUPANETA
HARVONI (PA)	JADENU (PA)	LUPRON DEPOT (PA)
HEMLIBRA	JAKAFI (PA)	LUTATHERA (PA)^
HEMOFIL M	JETREA (PA)	LUXTURNA (PA)^
HEPAGAM B	JEVTANA (PA)	LYNPARZA (PA) <sup>1</sup>
HEPSERA	JIVI	<b>M</b>
HERCEPTIN HYLECTA (PA)	JUXTAPID (PA) <sup>1</sup>	MACRILEN^
HERCEPTIN/HERCEPTIN	JYNARQUE (PA)	MACUGEN (PA)
HYLECTA (PA)	<b>K</b>	MAKENA
HETLIOZ (PA) <sup>1</sup>	KADCYLA (PA)	MARQIBO (PA) <sup>1</sup>
HIZENTRA (PA)	KALBITOR (PA) <sup>1</sup>	MATULANE
HUMATE-P	KALYDECO (PA)	MAVENCLAD (PA)
HUMIRA (PA)*	KANJINTI (PA)	MAVYRET (PA)
HYALGAN (PA)	KANUMA (PA)	MAYZENT (PA)
HYCAMTIN	KEPIVANCE (PA)	MEKINIST (PA)
<b>Hydroxyprogesterone</b>	KEVZARA (PA)	MEKTOVI (PA) <sup>1</sup>
HYMOVIS (PA)	KEYTRUDA (PA)	<b>Melphalan</b>
HYPERHEP B S/D	KHAPZORY	MENOPUR (PA)
HYPERRHO S/D	KINERET (PA) <sup>1</sup>	MEPSEVII (PA) <sup>1</sup>
HYQVIA (PA)	KISQALI (PA)	<b>Mesna</b>
<b>I</b>	KITABIS	MESNEX
IBRANCE (PA)	KOATE	MICRHOGAM
<b>Icatibant (PA)</b>	KOGENATE FS	<b>Miglustat (PA)</b>
ICLUSIG (PA) <sup>1</sup>	KORLYM (PA) <sup>1</sup>	MIRCERA (PA) <sup>1</sup>
IDAMYCIN	KOVALTRY	MIRENA
<b>Idarubicin</b>	KRYSTEXXA (PA)	<b>Mitomycin</b>
IDELVION		

(PA) – Requires Prior Authorization UPPER CASE - Brand Name Drug	Bold Lower Case - Generic Drug * - Covered under Pharmacy Benefit Only	^ - Covered under Medical Benefit Only <sup>1</sup> - Limited Distribution Drugs
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<b>Mitoxantrone</b>	OPDIVO (PA)	RAVICTI (PA)
<b>Moderiba (PA)</b>	OPSUMIT (PA) <sup>1</sup>	REBIF (PA)*
MONONINE	ORALAIR (PA)	REBINYN
MONOVISC (PA)	ORENCIA (PA)	RECLAST
MOZOBIL	ORENITRAM (PA) <sup>1</sup>	RECOMBINATE
MULPLETA (PA)	ORFADIN <sup>1</sup>	REMICADE (PA) <sup>^</sup>
<b>Mutamycin</b>	ORKAMBI (PA)	REMODULIN (PA) <sup>1</sup>
MVASI (PA)	ORTHOVISC (PA)	RENFLEXIS (PA) <sup>^</sup>
MYALEPT (PA) <sup>1</sup>	OTEZLA (PA)	REPATHA (PA)
MYLOTARG (PA) <sup>1</sup>	OVIDREL (PA)	RETACRIT (PA)
MYOBLOC (PA)	<b>Oxaliplatin</b>	REVATIO (PA)
<b>N</b>	OXERVATE (PA) <sup>1</sup>	REVCOVI (PA)
NABI-HB	<b>P</b>	REVLIMID (PA)
NAGLAZYME (PA)	<b>Paclitaxel</b>	RHOGAM
NATPARA (PA)	PALYNZIQ (PA) <sup>1</sup>	RHOPHYLAC
NAVELBINE	<b>Pamidronate</b>	RIASTAP
NERLYNX (PA) <sup>1</sup>	PANZYGA (PA)	<b>Ribasphere (PA)</b>
NEULASTA (PA)	PARSABIV (PA)	<b>Ribavirin (PA)</b>
NEXAVAR (PA)	PEGASYS (PA)	RINVOQ (PA)
NEXPLANON	PEG-INTRON (PA)	RITUXAN (PA)
NINLARO (PA)	PERJETA (PA)	RITUXAN HYCELA (PA)
NIPENT	PHOTOFRIN <sup>^</sup>	RIXUBIS
<b>Nitisinone</b>	PIQRAY (PA)	ROMIDEPSIN (PA)
NITYR <sup>1</sup>	PLEGRIDY (PA)	ROZLYTREK (PA)
NIVESTYM (PA)	POLIVY (PA)	RUBRACA (PA) <sup>1</sup>
NORDITROPIN (PA)*	POMALYST (PA)	RUCONEST (PA)
NORTHERA (PA)	PORTRAZZA (PA)	RUZURGI (PA) <sup>1</sup>
NOVAREL (PA)	POTELIGEO (PA) <sup>1</sup>	RYDAPT (PA)
NOVOEIGHT	PREGNYL (PA)	<b>S</b>
NOVOSEVEN	PREVYMIS (PA)	SABRIL (PA)
NPLATE (PA)	PRIALT	SAMSCA (PA)
NUBEQA (PA)	PRIVIGEN (PA)	SANDOSTATIN
NUCALA (PA)	PROCRIT (PA)	SANDOSTATIN LAR (PA)
NULOJIX	PROCYSBI (PA) <sup>1</sup>	SENSIPAR (PA)
NUPLAZID (PA)	PROFILNINE	SEROSTIM (PA)*
NUWIQ	PROLASTIN-C (PA) <sup>1</sup>	SIGNIFOR (PA) <sup>1</sup>
<b>O</b>	PROLEUKIN	SIKLOS (PA)
OCALIVA (PA)	PROLIA (PA)	<b>Sildenafil (PA)</b>
OCREVUS (PA)	PROMACTA (PA)	SILIQ (PA)
OCTAGAM (PA)	PROPEL (PA) <sup>^</sup>	SIMPONI ARIA IV (PA)
<b>Octreotide</b>	PROPEL CONTOUR (PA) <sup>^</sup>	SIMPONI SC (PA)
ODOMZO (PA)	PROPEL MINI (PA) <sup>^</sup>	SINUVA (PA) <sup>^</sup>
OFEV (PA)	PROVENGE (PA) <sup>^</sup>	SKYLA
OLUMIANT (PA)	PULMOZYME (PA)	SKYRIZI (PA)
ONCASPAR (PA)	PURIXAN	<b>Sodium Phenylbutyrate (PA)</b>
ONIVYDE (PA) <sup>1</sup>	<b>R</b>	SOFOSBUVIR/VELPATASVIR(
ONPATTRO (PA) <sup>^1</sup>	RADICAVA (PA)	PA)
		SOLESTA

(PA) – Requires Prior Authorization	<b>B</b> - Bold Lower Case - Generic Drug	<sup>^</sup> - Covered under Medical Benefit Only
UPPER CASE - Brand Name Drug	* - Covered under Pharmacy Benefit Only	<sup>1</sup> - Limited Distribution Drugs

SOLIRIS (PA)	<b>Tobramycin</b>	VIVITROL
SOMATULINE DEPOT (PA)	<b>Toposar</b>	VIZIMPRO (PA)
SOMAVERT	<b>Topotecan</b>	VONVENDI
SOVALDI (PA)	TORISEL	VORAXAZE
SPINRAZA (PA)^	TOTECT	VOSEVI (PA)
SPRYCEL (PA)	TRACLEER (PA)	VOTRIENT (PA)
STELARA IV (PA)	TREANDA (PA)	VPRIV (PA)
STELARA SC (PA)*	TRELSTAR (PA)	VYNDAMAX (PA)
STIMATE	TREMFYA (PA)	VYNDAQEL (PA)
STIVARGA (PA)	<b>Treprostinil (PA)<sup>1</sup></b>	<b>W</b>
STRENSIQ (PA) <sup>1</sup>	TRETEN	WILATE
SUBLOCADE (PA)	TRIPTODUR (PA) <sup>1</sup>	WINRHO SDF
SUPARTZ FX (PA)	TRISENOX	<b>X</b>
SUPPRELIN LA (PA)	TROGARZO (PA)	XALKORI (PA)
SUTENT (PA)	TURALIO (PA) <sup>1</sup>	XELJANZ (PA)
SYMDEKO (PA)	TYKERB (PA)	XELJANZ XR (PA)
SYNAGIS (PA)	TYMLOS (PA)	XELODA
SYNRIBO (PA) <sup>1</sup>	TYSABRI (PA)	XENAZINE (PA)
SYNVISC (PA)	TYVASO (PA) <sup>1</sup>	XEOMIN (PA)
<b>T</b>	<b>U</b>	XERAVA^
<b>Tadalafil (PA)</b>	UDENYCA (PA)	XERMELO (PA) <sup>1</sup>
TAFINLAR (PA)	ULTOMIRIS (PA)	XGEVA (PA)
TAGRISSE (PA) <sup>1</sup>	UPTRAVI (PA) <sup>1</sup>	XIAFLEX (PA) <sup>1</sup>
TAKHZYRO (PA) <sup>1</sup>	<b>V</b>	XOLAIR (PA)
TALTZ (PA)	VALCHLOR (PA) <sup>1</sup>	XOSPATA (PA) <sup>1</sup>
TALZENNA (PA)	<b>Valrubicin</b>	XPOVIO (PA) <sup>1</sup>
TARCEVA (PA)	VALSTAR	XTANDI (PA)
TARGRETIN (PA)	VANTAS (PA)	XYNTHA
TASIGNA (PA)	VARIZIG	<b>Y</b>
TAVALISSE (PA) <sup>1</sup>	VECTIBIX (PA)	YERVOY (PA)
TAXOTERE	VELCADE (PA)	YESCARTA (PA)^
TECENTRIQ (PA)	VELETRI (PA) <sup>1</sup>	YONDELIS (PA)
TECFIDERA (PA)	VEMLIDY	YONSA (PA)
TEGSEDI (PA) <sup>1</sup>	VENCLEXTA (PA) <sup>1</sup>	YUTIQ <sup>1</sup>
TEMODAR	VENTAVIS (PA) <sup>1</sup>	<b>Z</b>
<b>Temozolomide</b>	VERZENIO (PA)	ZALTRAP (PA)
<b>Temsirolimus</b>	VIDAZA	ZANOSAR
TEPADINA	<b>Vigabatrin (PA)</b>	ZARXIO (PA)
TESTOPEL (PA)	<b>Vigadrone (PA)<sup>1</sup></b>	ZAVESCA (PA) <sup>1</sup>
<b>Tetrabenazine (PA)</b>	VIMIZIM (PA)	ZEJULA (PA) <sup>1</sup>
THALOMID	VINBLASTINE	ZELBORAF (PA)
<b>Thiotepa</b>	<b>Vincasar</b>	ZEMAIRA (PA) <sup>1</sup>
THYROGEN	VINCRISTINE	ZILRETTA (PA)^
TIBSOVO (PA) <sup>1</sup>	<b>Vinorelbine</b>	ZINECARD
TICE BCG	VISCO-3 (PA)	ZOLADEX (PA)
TIKOSYN	VISUDYNE	<b>Zoledronic Acid</b>
TOBI	VITRAKVI (PA) <sup>1</sup>	ZOLGENSMA (PA)^

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UPPER CASE - Brand Name Drug	* - Covered under Pharmacy Benefit Only	<sup>1</sup> - Limited Distribution Drugs

ZOLINZA (PA)  
ZORBTIVE (PA)\*  
ZORTRESS  
ZULRESSO (PA)^  
ZYDELIG (PA)<sup>1</sup>  
ZYKADIA (PA)  
ZYTIGA (PA)

(PA) – Requires Prior Authorization UPPER CASE - Brand Name Drug	<b>Bold Lower Case - Generic Drug</b> * - Covered under Pharmacy Benefit Only	^ - Covered under Medical Benefit Only † - Limited Distribution Drugs
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Federal Employee Program.



## 2019 Limited Distribution Drug List

Limited Distribution Drugs (LDD): In some cases, a manufacturer may limit the number of pharmacies it allows to carry (or distribute) a Limited Distribution Drug. Or sometimes a condition of the Food and Drug Administration’s (FDA) drug approval process may require a drug to be in the LDD category.

Limited distribution helps the manufacturer carefully keep track of drugs that have special dosing or lab monitoring requirements, or that need to be followed very closely to ensure that any risks that are associated with the LDD are minimized.

You may get the Limited Distribution Drugs listed below through a specific Preferred retail pharmacy with the Specialty Drug Pharmacy Program copayments under the Standard Option and Basic Option. Please contact the Specialty Pharmacy Program at 1-888-346-3731 for assistance with finding the appropriate pharmacy.

<b>A</b>	CUTAQUIG	GILOTRIF
ADEMPAS	CUVITRU	<b>H</b>
ALFERON N	CYSTADANE	HETLIOZ
ALUNBRIG	CYSTAGON	<b>I</b>
APOKYN	<b>D</b>	ICLUSIG
ARCALYST	DIACOMIT	IMBRUVICA
ARIKAYCE	DOPTELET	IMFINZI
<b>B</b>	<b>E</b>	INGREZZA
BALVERSA	ELELYSO	IRESSA
BAVENCIO	EMFLAZA	<b>J</b>
BESPONSA	ENDARI	JUXTAPID
BLINCYTO	EPOPROSTENOL	<b>K</b>
BRAFTOVI	EPOPROSTENOL STERILE	KALBITOR
<b>C</b>	DILUENT	KINERET
CABLIVI	ERWINAZE	KORLYM
CALQUENCE	EXONDYS 51	<b>L</b>
CAPRELSA	<b>F</b>	LARTRUVO
CARBAGLU	FERRIPROX	LENVIMA 4 MG DAILY DOSE
CHOLBAM	FIBRYGA	LENVIMA 8 MG DAILY DOSE
CINRYZE	FIRDAPSE	LENVIMA 10 MG DAILY DOSE
COAGADEX	FLOLAN	LENVIMA 12MG DAILY DOSE
COMETRIQ	FLOLAN STERILE DILUENT	LENVIMA 14 MG DAILY DOSE
COPIKTRA	<b>G</b>	LENVIMA 18 MG DAILY DOSE
CRYSVITA	GAMIFANT	LENVIMA 20 MG DAILY DOSE
	GATTEX	

(PA) – Requires Prior Authorization  
UPPER CASE - Brand Name Drug

Bold Lower Case - Generic Drug  
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LENVIMA 24 MG DAILY DOSE	<b>U</b>
LILETTA	UPTRAVI
LUMOXITI	<b>V</b>
LYNPARZA	VALCHLOR
<b>M</b>	VELETRI
MARQIBO	VENCLEXTA
MEKTOVI	VENCLEXTA STARTING PACK
MEPSEVII	VENTAVIS
MIRCERA	VIGADRONE
MYALEPT	VITRAKVI
MYLOTARG	<b>X</b>
<b>N</b>	XERMELO
NERLYNX	XIAFLEX
NITYR	XOSPATA
<b>O</b>	XPOVIO 60 MG ONCE WEEKLY
ONIVYDE	XPOVIO 80 MG ONCE WEEKLY
ONPATTRO	XPOVIO 80 MG TWICE
OPSUMIT	WEEKLY
ORENITRAM	XPOVIO 100 MG ONCE
ORFADIN	WEEKLY
OXERVATE	<b>Y</b>
<b>P</b>	YUTIQ
PALYNZIQ	<b>Z</b>
POTELIGEO	ZAVESCA
PROCYSBI	ZEJULA
PROLASTIN-C	ZEMAIRA
<b>R</b>	ZYDELIG
REMODULIN	
RUBRACA	
RUZURGI	
<b>S</b>	
SIGNIFOR	
SIGNIFOR LAR	
STRENSIQ	
SYNRIBO	
<b>T</b>	
TAGRISSE	
TAKHZYRO	
TAVALISSE	
TEGSEDI	
TIBSOVO	
TREPROSTINIL	
TRIPTODUR	
TURALIO	
TYVASO	
TYVASO REFILL	
TYVASO STARTER	

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UPPER CASE - Brand Name Drug	* - Covered under Pharmacy Benefit Only	! - Limited Distribution Drugs