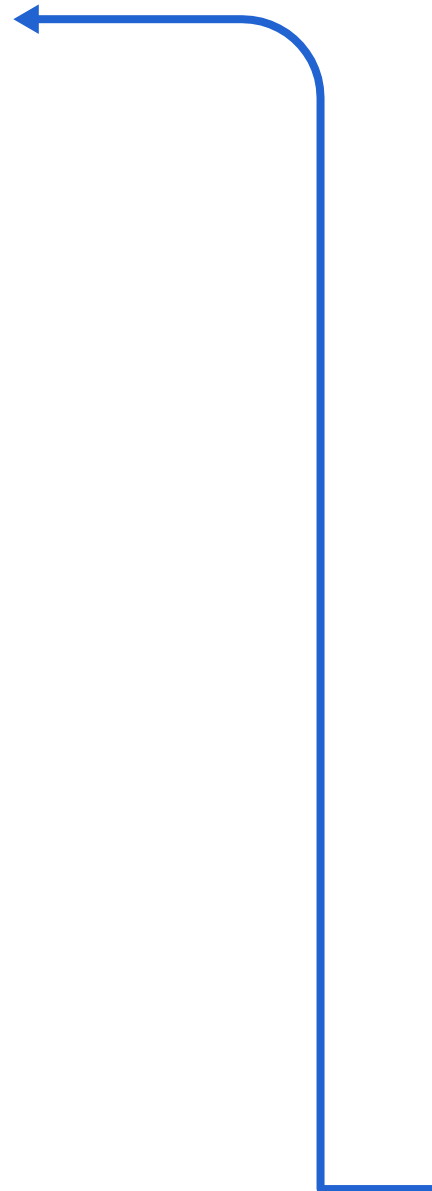




# Specialty Drug List.

Comprehensive support for complex medications.



## Specialty Pharmacy Drug List

Specialty drugs are prescribed to treat complex conditions such as multiple sclerosis, hemophilia, and rheumatoid arthritis. Specialty medications are associated with a high cost due to one or more of the following traits:

- Infusion or Injection requirements
- Storage and shipment requirements
- FDA mandated education and patient support services for proper drug use
- Lack of availability within the retail pharmacy setting

This list represents brand-name products in CAPS and generic products in lowercase italics. All products on this list may require prior authorization for coverage and quantity limits may apply. This list is not an all-inclusive specialty drug list. The specialty drug list is updated monthly and is subject to change without notice. For assistance, please reach out and chat with a Rightway team member through the RightwayRx App available on the Apple App Store® and Google Play™ store.

## CURRENT AS OF 6/1/2024

Drug	Status	Notes
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant*</b>		
<b>*Histamine H3-Receptor Antagonist/Inverse Agonists***</b>		
WAKIX	SP	PA; ST
<b>*Aminoglycosides*</b>		
<b>*Aminoglycosides***</b>		
ARIKAYCE	SP	PA
KITABIS PAK	SP	PA; QL (280 ML per 28 days)
TOBI PODHALER	SP	PA; QL (224 EA per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	SP	PA; QL (224 ML per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	SP	PA; QL (280 ML per 28 days)
<b>*Analgesics - Anti-Inflammatory*</b>		
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</b>		
RINVOQ	SP	PA; QL (30 EA per 30 days)
XELJANZ ORAL SOLUTION	SP	PA
XELJANZ ORAL TABLET	SP	PA; QL (60 EA per 30 days)
XELJANZ XR	SP	PA; QL (30 EA per 30 days)
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>		
<i>adalimumab-adaz</i>	SP	PA; QL (2 ML per 28 days)
<i>adalimumab-adbm (2 pen)</i>	SP	PA; QL (2 EA per 28 days)
<i>adalimumab-adbm (2 syringe)</i>	SP	PA; QL (2 EA per 28 days)
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml</i>	SP	PA; QL (2 EA per 365 days)
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>	SP	PA; QL (2 EA per 28 days)
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml</i>	SP	PA; QL (2 EA per 365 days)
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml</i>	SP	PA; QL (4 EA per 28 days)
CYLTEZO (2 PEN)	SP	PA; QL (2 EA per 28 days)
CYLTEZO (2 SYRINGE)	SP	PA; QL (2 EA per 28 days)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	SP	PA; QL (2 EA per 365 days)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SP	PA; QL (6 EA per 365 days)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	SP	PA; QL (2 EA per 365 days)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SP	PA; QL (4 EA per 365 days)

Drug	Status	Notes
HUMIRA (2 PEN)	SP	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	SP	PA; QL (2 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	SP	PA; QL (3 EA per 365 days)
HUMIRA-PED<40KG CROHNS STARTER	SP	PA; QL (2 EA per 365 days)
HUMIRA-PED>=40KG CROHNS START	SP	PA; QL (3 EA per 365 days)
HUMIRA-PED>=40KG UC STARTER	SP	PA; QL (2 EA per 28 days)
HUMIRA-PSORIASIS/UEVIT STARTER	SP	PA; QL (3 EA per 365 days)
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	SP	PA; QL (2 ML per 28 days)
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	SP	PA; QL (2 ML per 28 days)
HYRIMOZ SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML SUBCUTANEOUS	SP	PA; QL (2 ML per 28 days)
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	SP	PA; QL (2 ML per 28 days)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	SP	PA; QL (2 ML per 28 days)
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	SP	PA; QL (3 ML per 365 days)
HYRIMOZ-PED<40KG CROHN STARTER SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	SP	PA; QL (2 ML per 365 days)
HYRIMOZ-PED>=40KG CROHN START SOLUTION PREFILLED SYRINGE 80 MG/0.8ML SUBCUTANEOUS	SP	PA; QL (3 ML per 365 days)
HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	SP	PA; QL (3 ML per 365 days)
SIMLANDI (1 PEN)	SP	PA; QL (2 EA per 28 days)
SIMLANDI (2 PEN)	SP	PA; QL (2 EA per 28 days)
SIMPONI ARIA	SP	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	SP	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	SP	PA; QL (1 ML per 28 days)
<b>*Interleukin-1 Blockers***</b>		
ARCALYST	SP	PA; QL (2 EA per 30 days)
<b>*Interleukin-1Beta Blockers***</b>		
ILARIS SUBCUTANEOUS SOLUTION	SP	PA; QL (2 ML per 28 days)
<b>*Interleukin-6 Receptor Inhibitors***</b>		
ACTEMRA ACTPEN	SP	PA; QL (3.6 ML per 28 days)
ACTEMRA INTRAVENOUS	SP	PA
ACTEMRA SUBCUTANEOUS	SP	PA; QL (3.6 ML per 28 days)

Drug	Status	Notes
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>		
OTEZLA ORAL TABLET	SP	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	SP	PA; QL (55 EA per 274 days)
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>		
ENBREL MINI	SP	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	SP	PA; QL (4 ML per 365 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	SP	PA; QL (4 ML per 365 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	SP	PA; QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP	PA; QL (4 ML per 28 days)
<b>*Analgesics - Nonnarcotic*</b>		
<b>*Selective N-Type Neuronal Calcium Channel Blockers***</b>		
PRIALT	SP	PA
<b>*Analgesics - Opioid*</b>		
<b>*Opioid Partial Agonists***</b>		
SUBLOCADE	SP	PA
<b>*Antiasthmatic And Bronchodilator Agents*</b>		
<b>*Anti-Ige Monoclonal Antibodies***</b>		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	SP	PA; QL (4 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	SP	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	SP	PA; QL (4 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	SP	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	SP	PA; QL (6 EA per 28 days)
<b>*Interleukin-5 Antagonists (Igg1 Kappa)***</b>		
FASENRA	SP	PA
FASENRA PEN	SP	PA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP	PA; QL (1 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	SP	PA; QL (1 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	SP	PA; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	SP	PA; QL (1 EA per 28 days)
<b>*Anticoagulants*</b>		

Drug	Status	Notes
<b>*Low Molecular Weight Heparins***</b>		
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	SP	PA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP	PA
<b>*Synthetic Heparinoid-Like Agents***</b>		
<i>fondaparinux sodium</i>	SP	PA
<b>*Anticonvulsants*</b>		
<b>*Anticonvulsants - Misc.***</b>		
DIACOMIT	SP	PA
EPIDIOLEX	SP	PA
ZTALMY	SP	PA
<b>*Gaba Modulators***</b>		
<i>vigabatrin</i>	SP	PA; QL (180 EA per 30 days)
VIGADRONE ORAL PACKET	SP	PA; QL (180 EA per 30 days)
VIGADRONE ORAL TABLET	SP	PA
<b>*Antidepressants*</b>		
<b>*Gaba Receptor Modulator - Neuroactive Steroid***</b>		
ZULRESSO	SP	PA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	SP	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	SP	PA; QL (14 EA per 14 days)
<b>*Antidotes And Specific Antagonists*</b>		
<b>*Antidotes - Chelating Agents***</b>		
<i>deferasirox</i>	SP	PA
<i>deferasirox granules</i>	SP	PA
<i>deferiprone</i>	SP	PA
FERRIPROX ORAL SOLUTION	SP	PA
FERRIPROX ORAL TABLET 1000 MG	SP	PA
<b>*Antidotes And Specific Antagonists***</b>		
VISTOGARD	SP	PA
<b>*Opioid Antagonists***</b>		
VIVITROL	SP	PA
<b>*Antiemetics*</b>		
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***</b>		
VARUBI (180 MG DOSE)	SP	PA
<b>*Antihyperlipidemics*</b>		
<b>*Microsomal Triglyceride Transfer Protein Inhibitors***</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	SP	PA

Drug	Status	Notes
<b>*Antihypertensives*</b>		
<b>*Antihypertensives - Misc.**</b>		
VECAMYL	SP	PA
<b>*Anti-Infective Agents - Misc.*</b>		
<b>*Monobactams***</b>		
CAYSTON	SP	PA; QL (84 ML per 28 days)
<b>*Antineoplastics And Adjunctive Therapies*</b>		
<b>*Androgen Biosynthesis Inhibitors***</b>		
<i>abiraterone acetate</i>	SP	PA
<b>*Antiadrenals***</b>		
LYSODREN	SP	PA
<b>*Antiandrogens***</b>		
ERLEADA	SP	PA
NUBEQA	SP	PA
XTANDI	SP	PA
<b>*Antimetabolites***</b>		
<i>azacitidine</i>	SP	PA
<i>capecitabine</i>	SP	PA
PURIXAN	SP	PA
<b>*Antineoplastic - Alk Inhibitors***</b>		
ALECENSA	SP	PA
ALUNBRIG ORAL TABLET	SP	PA
ALUNBRIG ORAL TABLET THERAPY PACK	SP	PA; QL (30 EA per 365 days)
LORBRENA	SP	PA
XALKORI	SP	PA
ZYKADIA ORAL TABLET	SP	PA
<b>*Antineoplastic - Anti-Her2 Agents***</b>		
TUKYSA	SP	PA
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>		
VENCLEXTA	SP	PA
VENCLEXTA STARTING PACK	SP	PA; QL (42 EA per 999 days)
<b>*Antineoplastic - Bcr-Abl Kinase Inhibitors***</b>		
BOSULIF	SP	PA
ICLUSIG	SP	PA
<i>imatinib mesylate</i>	SP	PA
SCEMBLIX	SP	PA
SPRYCEL	SP	PA
TASIGNA	SP	PA
<b>*Antineoplastic - Bispecific T-Cell Engagers***</b>		
TECVAYLI	SP	PA

Drug	Status	Notes
<b>*Antineoplastic - Braf Kinase Inhibitors***</b>		
TAFINLAR	SP	PA
ZELBORAF	SP	PA
<b>*Antineoplastic - Btk Inhibitors***</b>		
BRUKINSA	SP	PA
IMBRUVICA ORAL CAPSULE	SP	PA
IMBRUVICA ORAL SUSPENSION	SP	PA
IMBRUVICA ORAL TABLET 420 MG	SP	PA
JAYPIRCA	SP	PA
<b>*Antineoplastic - Egfr Inhibitors***</b>		
<i>erlotinib hcl</i>	SP	PA
EXKIVITY	SP	PA
<i>gefitinib</i>	SP	PA
GILOTRIF	SP	PA
IRESSA	SP	PA
TAGRISSE	SP	PA
VIZIMPRO	SP	PA
<b>*Antineoplastic - Fgfr Kinase Inhibitors***</b>		
BALVERSA	SP	PA
LYTGOBI (12 MG DAILY DOSE)	SP	PA
LYTGOBI (16 MG DAILY DOSE)	SP	PA
LYTGOBI (20 MG DAILY DOSE)	SP	PA
PEMAZYRE	SP	PA; QL (14 EA per 16 days)
<b>*Antineoplastic - Hedgehog Pathway Inhibitors***</b>		
DAURISMO	SP	PA
ERIVEDGE	SP	PA
ODOMZO	SP	PA
<b>*Antineoplastic - Hif-2-Alpha Inhibitors***</b>		
WELIREG	SP	PA; QL (90 EA per 30 days)
<b>*Antineoplastic - Histone Deacetylase Inhibitors***</b>		
ZOLINZA	SP	PA
<b>*Antineoplastic - Immunomodulators***</b>		
POMALYST	SP	PA; QL (21 EA per 28 days)
<b>*Antineoplastic - Kras Inhibitors***</b>		
KRAZATI	SP	PA
LUMAKRAS	SP	PA
<b>*Antineoplastic - Mek Inhibitors***</b>		
COTELLIC	SP	PA; QL (63 EA per 28 days)
KOSELUGO	SP	PA
MEKINIST	SP	PA



Drug	Status	Notes
<b>*Antineoplastic - Met Inhibitors***</b>		
TABRECTA	SP	PA
<b>*Antineoplastic - Methyltransferase Inhibitors***</b>		
TAZVERIK	SP	PA
<b>*Antineoplastic - Mtor Kinase Inhibitors***</b>		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	SP	PA
<i>everolimus oral tablet soluble</i>	SP	PA
<b>*Antineoplastic - Multikinase Inhibitors***</b>		
CABOMETYX	SP	PA; QL (30 EA per 30 days)
CAPRELSA	SP	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	SP	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	SP	PA
COMETRIQ (60 MG DAILY DOSE)	SP	PA
<i>lapatinib ditosylate</i>	SP	PA
NERLYNX	SP	PA
<i>pazopanib hcl</i>	SP	PA
RYDAPT	SP	PA
<i>sorafenib tosylate</i>	SP	PA
STIVARGA	SP	PA
<i>sunitinib malate</i>	SP	PA
XOSPATA	SP	PA
<b>*Antineoplastic - Pdgfr-Alpha Inhibitors***</b>		
AYVAKIT	SP	PA
<b>*Antineoplastic - Proteasome Inhibitors***</b>		
<i>bortezomib injection solution reconstituted</i>	SP	PA
NINLARO	SP	PA; QL (3 EA per 28 days)
<b>*Antineoplastic - Ret Inhibitors***</b>		
GAVRETO	SP	PA
RETEVMO	SP	PA
<b>*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***</b>		
ROZLYTREK	SP	PA
VITRAKVI	SP	PA
<b>*Antineoplastic Combinations***</b>		
DARZALEX FASPRO	SP	PA
LONSURF	SP	PA
<b>*Antineoplastic Enzymes***</b>		
ONCASPAR INJECTION	SP	PA
RYLAZE	SP	PA

Drug	Status	Notes
<b>*Antineoplastics Misc.***</b>		
ACTIMMUNE	SP	PA
MATULANE	SP	PA
TICE BCG	SP	PA
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>		
VERZENIO	SP	PA
<b>*Gonadotropin Releasing Hormone (Gnrh) Antagonists***</b>		
FIRMAGON (240 MG DOSE)	SP	PA; QL (2 EA per 999 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	SP	PA
<b>*Imidazotetrazines***</b>		
<i>temozolomide</i>	SP	PA
<b>*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***</b>		
REZLIDHIA	SP	PA
TIBSOVO	SP	PA
<b>*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***</b>		
IDHIFA	SP	PA
<b>*Janus Associated Kinase (Jak) Inhibitors***</b>		
JAKAFI	SP	PA; QL (60 EA per 30 days)
VONJO	SP	PA; QL (120 EA per 30 days)
<b>*Lhrh Analogs***</b>		
ELIGARD	SP	PA
<i>leuprolide acetate (3 month)</i>	SP	PA; QL (1 EA per 68 days)
<i>leuprolide acetate injection</i>	SP	PA; QL (1 EA per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	SP	PA; QL (1 EA per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	SP	PA; QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	SP	PA; QL (1 EA per 84 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	SP	PA; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH)	SP	PA
LUPRON DEPOT (6-MONTH)	SP	PA; QL (1 EA per 126 days)
ZOLADEX	SP	PA
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</b>		
COPIKTRA	SP	PA
ZYDELIG	SP	PA
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***</b>		
LYNPARZA ORAL TABLET	SP	PA
RUBRACA	SP	PA

Drug	Status	Notes
TALZENNA	SP	PA
ZEJULA ORAL TABLET	SP	PA
<b>*Selective Estrogen Receptor Degraders***</b>		
ORSERDU	SP	PA
<b>*Topoisomerase I Inhibitors***</b>		
HYCAMTIN ORAL	SP	PA
<b>*Vascular Endothelial Growth Factor (Vegf) Inhibitors***</b>		
INLYTA	SP	PA
LENVIMA (10 MG DAILY DOSE)	SP	PA
LENVIMA (12 MG DAILY DOSE)	SP	PA
LENVIMA (14 MG DAILY DOSE)	SP	PA
LENVIMA (18 MG DAILY DOSE)	SP	PA; QL (15 EA per 30 days)
LENVIMA (20 MG DAILY DOSE)	SP	PA
LENVIMA (24 MG DAILY DOSE)	SP	PA
LENVIMA (4 MG DAILY DOSE)	SP	PA
LENVIMA (8 MG DAILY DOSE)	SP	PA
<b>*Antiparkinson And Related Therapy Agents*</b>		
<b>*Adenosine Receptor Antagonist***</b>		
NOURIANZ	SP	PA
<b>*Antiparkinson Dopaminergics***</b>		
INBRIJA	SP	PA
<b>*Levodopa Combinations***</b>		
DUOPA ENTERAL	SP	PA
<b>*Antipsychotics/Antimanic Agents*</b>		
<b>*Antipsychotics - Misc.***</b>		
NUPLAZID ORAL CAPSULE	SP	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	SP	PA; QL (60 EA per 30 days)
<b>*Antivirals*</b>		
<b>*Antiretroviral Combinations***</b>		
CABENUVA	SP	PA
<b>*Antiretrovirals - Capsid Inhibitors***</b>		
SUNLENCA	SP	PA
<b>*Antiretrovirals - Fusion Inhibitors***</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	SP	PA
<b>*Cmv Agents***</b>		
LIVTENCITY	SP	PA
<b>*Hepatitis C Agent - Combinations***</b>		
EPCLUSA	SP	PA; QL (28 EA per 28 days)
HARVONI ORAL PACKET 33.75-150 MG	SP	PA; QL (28 EA per 28 days)

Drug	Status	Notes
HARVONI ORAL PACKET 45-200 MG	SP	PA; QL (56 EA per 28 days)
HARVONI ORAL TABLET 45-200 MG	SP	PA; QL (56 EA per 28 days)
HARVONI ORAL TABLET 90-400 MG	SP	PA; QL (28 EA per 28 days)
VOSEVI	SP	PA; QL (28 EA per 28 days)
ZEPATIER	SP	PA; QL (28 EA per 28 days)
<b>*Hepatitis C Agents***</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	SP	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP	PA; QL (2 ML per 28 days)
<i>ribavirin oral capsule</i>	SP	PA
<i>ribavirin oral tablet 200 mg</i>	SP	PA
<b>*Rsv Agents - Nucleoside Analogues***</b>		
<i>ribavirin inhalation</i>	SP	PA
<b>*Cardiovascular Agents - Misc.*</b>		
<b>*Cardiac Myosin Inhibitors***</b>		
CAMZYOS	SP	PA
<b>*Pde Inhibitor-Endothelin Receptor Antagonist Combinations***</b>		
OPSYNVI	SP	PA
<b>*Prostaglandin Vasodilators***</b>		
ORENITRAM	SP	PA
ORENITRAM MONTH 1	SP	PA
ORENITRAM MONTH 2	SP	PA
ORENITRAM MONTH 3	SP	PA
<i>treprostinil</i>	SP	PA
TYVASO	SP	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	SP	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	SP	PA
TYVASO REFILL	SP	PA
TYVASO STARTER	SP	PA
VENTAVIS	SP	PA
<b>*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***</b>		
ADEMPAS	SP	PA
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>		
<i>ambrisentan</i>	SP	PA
<i>bosentan</i>	SP	PA
OPSUMIT	SP	PA
TRACLEER ORAL TABLET SOLUBLE	SP	PA

Drug	Status	Notes
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>		
ALYQ	SP	PA; QL (60 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted</i>	SP	PA; QL (112 ML per 28 days)
<i>tadalafil (pah)</i>	SP	PA; QL (60 EA per 30 days)
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</b>		
UPTRAVI ORAL	SP	PA
UPTRAVI TITRATION	SP	PA
<b>*Transthyretin Stabilizers***</b>		
VYNDAMAX	SP	PA
VYNDAQEL	SP	PA
<b>*Contraceptives*</b>		
<b>*Progestin Contraceptives - Iud***</b>		
KYLEENA	SP	PA
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	SP	PA
<b>*Corticosteroids*</b>		
<b>*Glucocorticosteroids***</b>		
TARPEYO	SP	PA
ZILRETTA	SP	PA
<b>*Dermatologicals*</b>		
<b>*Alopecia Agents - Janus Kinase (Jak) Inhibitors***</b>		
LITFULO	SP	PA
<b>*Antineoplastic Alkylating Agents - Topical***</b>		
VALCHLOR	SP	PA
<b>*Antipsoriatics - Systemic***</b>		
SKYRIZI PEN	SP	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP	PA; QL (1 ML per 84 days)
SOTYKTU	SP	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	SP	PA; QL (0.5 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	SP	PA; QL (0.5 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	SP	PA; QL (1 ML per 84 days)
TALTZ	SP	PA; QL (1 ML per 28 days)
TREMFYA	SP	PA; QL (2 ML per 42 days)
<b>*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***</b>		
CIBINQO	SP	PA
<b>*Atopic Dermatitis - Monoclonal Antibodies***</b>		

Drug	Status	Notes
ADBRY	SP	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	SP	PA; QL (2.28 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	SP	PA; QL (4 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	SP	PA; QL (2.28 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	SP	PA; QL (4 ML per 28 days)
<b>*Glabellar Lines (Frown Lines) Agents***</b>		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT	SP	PA; QL (4 EA per 84 days)
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT	SP	PA; QL (2 EA per 84 days)
<b>*Local Anesthetics - Topical***</b>		
QUTENZA	SP	PA; QL (4 EA per 84 days)
QUTENZA (2 PATCH)	SP	PA; QL (4 EA per 84 days)
QUTENZA (4 PATCH)	SP	PA; QL (4 EA per 84 days)
<b>*Macrolide Immunosuppressants - Topical***</b>		
HYFTOR	SP	PA
<b>*Melanocortin Receptor Agonists (Uv Protective)***</b>		
SCENESSE	SP	PA
<b>*Digestive Aids*</b>		
<b>*Digestive Enzymes***</b>		
SUCRAID	SP	PA
<b>*Endocrine And Metabolic Agents - Misc.*</b>		
<b>*Adenosine Deaminase Scid Treatment - Agents***</b>		
REVCOVI	SP	PA
<b>*Bisphosphonates***</b>		
<i>zoledronic acid intravenous concentrate</i>	SP	PA; QL (5 ML per 365 days)
<b>*Corticotropin***</b>		
CORTROPHIN	SP	PA; QL (15 ML per 28 days)
<b>*Fabry Disease - Agents***</b>		
GALAFOLD	SP	PA; QL (14 EA per 28 days)
<b>*Gnrh/Lhrh Antagonists***</b>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	SP	PA
<b>*Growth Hormone Receptor Antagonists***</b>		
SOMAVERT	SP	PA
<b>*Growth Hormone Releasing Hormones (Ghrh)***</b>		
EGRIFTA SV	SP	PA; QL (60 EA per 30 days)
<b>*Growth Hormones***</b>		

Drug	Status	Notes
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	SP	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	SP	PA
NGENLA	SP	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	SP	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	SP	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	SP	PA
<b>*Hereditary Orotic Aciduria Treatment - Agents**</b>		
XURIDEN	SP	PA
<b>*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***</b>		
<i>nitisinone</i>	SP	PA
NITYR	SP	PA
ORFADIN ORAL CAPSULE 20 MG	SP	PA
ORFADIN ORAL SUSPENSION	SP	PA
<b>*Homocystinuria Treatment - Agents***</b>		
<i>betaine</i>	SP	PA
<b>*Hyperammonemia Treatment - Agents***</b>		
<i>carglumic acid oral tablet soluble</i>	SP	PA
<b>*Hypophosphatasia (Hpp) Agents***</b>		
STRENSIQ	SP	PA
<b>*Insulin-Like Growth Factors (Somatomedins)***</b>		
INCRELEX	SP	PA
<b>*Leptin Analogues***</b>		
MYALEPT	SP	PA
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</b>		
FENSOLVI (6 MONTH)	SP	PA
TRIPTODUR	SP	PA
<b>*Natriuretic Peptides***</b>		
VOXZOGO	SP	PA
<b>*Ovulation Stimulants-Gonadotropins***</b>		
GONAL-F	SP	PA
GONAL-F RFF	SP	PA
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP	PA
MENOPUR	SP	PA
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	SP	PA; QL (6 EA per 28 days)
OVIDREL	SP	PA

Drug	Status	Notes
<b>*Parathyroid Hormone And Derivatives***</b>		
<i>teriparatide</i>	SP	PA; QL (2.4 ML per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml</i>	SP	PA; QL (2.4 ML per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	SP	PA; QL (2.48 ML per 28 days)
<b>TYMLOS</b>	SP	PA; QL (1.56 ML per 30 days)
<b>*Phenylketonuria Treatment - Agents***</b>		
<b>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML</b>	SP	PA; QL (30 ML per 30 days)
<b>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML</b>	SP	PA; QL (8 ML per 28 days)
<b>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>	SP	PA; QL (60 ML per 30 days)
<i>sapropterin dihydrochloride oral packet</i>	SP	PA
<i>sapropterin dihydrochloride oral tablet</i>	SP	PA
<b>*Rank Ligand (Rankl) Inhibitors***</b>		
<b>XGEVA</b>	SP	PA; QL (1.7 ML per 28 days)
<b>*Selective Vasopressin V2-Receptor Antagonists***</b>		
<b>JYNARQUE ORAL TABLET 15 MG</b>	SP	PA; QL (60 EA per 30 days)
<b>JYNARQUE ORAL TABLET 30 MG</b>	SP	PA; QL (30 EA per 30 days)
<b>JYNARQUE ORAL TABLET THERAPY PACK</b>	SP	PA; QL (14 EA per 7 days)
<i>tolvaptan oral tablet 15 mg</i>	SP	PA; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	SP	PA; QL (60 EA per 30 days)
<b>*Somatostatic Agents***</b>		
<i>lanreotide acetate</i>	SP	PA; QL (0.5 ML per 28 days)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	SP	PA
<i>octreotide acetate subcutaneous</i>	SP	PA
<b>SIGNIFOR</b>	SP	PA; QL (60 ML per 30 days)
<b>SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML</b>	SP	PA; QL (0.5 ML per 28 days)
<b>SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML</b>	SP	PA; QL (0.2 ML per 28 days)
<b>SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML</b>	SP	PA; QL (0.3 ML per 28 days)
<b>*Urea Cycle Disorder - Agents***</b>		
<b>RAVICTI</b>	SP	PA; QL (525 ML per 30 days)
<b>*X-Linked Hypophosphatemia (Xlh) Treatment - Agents***</b>		
<b>CRYSVITA</b>	SP	PA; QL (90 ML per 28 days)
<b>*Gastrointestinal Agents - Misc.*</b>		
<b>*Bile Acid Synthesis Disorder Agents***</b>		



Drug	Status	Notes
CHOLBAM ORAL CAPSULE 250 MG	SP	PA
CHOLBAM ORAL CAPSULE 50 MG	SP	PA; QL (120 EA per 30 days)
<b>*Farnesoid X Receptor (Fxr) Agonists***</b>		
OCALIVA	SP	PA; QL (30 EA per 30 days)
<b>*Gallstone Solubilizing Agents***</b>		
CHENODAL	SP	PA
<b>*Glucagon-Like Peptide-2 (Glp-2) Analogs***</b>		
GATTEX	SP	PA; QL (30 EA per 30 days)
<b>*Ileal Bile Acid Transporter (Ibat) Inhibitors***</b>		
BYLVAY	SP	PA
BYLVAY (PELLETS)	SP	PA
LIVMARLI	SP	PA
<b>*Integrin Receptor Antagonists***</b>		
ENTYVIO	SP	PA
<b>*Interleukin Antagonists***</b>		
SKYRIZI INTRAVENOUS	SP	PA; QL (10 ML per 28 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	SP	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	SP	PA; QL (2.4 ML per 56 days)
STELARA INTRAVENOUS	SP	PA
<b>*Live Fecal Microbiota (Human)**</b>		
VOWST	SP	PA
<b>*Tryptophan Hydroxylase Inhibitors***</b>		
XERMELO	SP	PA
<b>*Tumor Necrosis Factor Alpha Blockers***</b>		
INFLECTRA	SP	PA
ZYMFENTRA (1 PEN)	SP	PA
ZYMFENTRA (2 PEN)	SP	PA
ZYMFENTRA (2 SYRINGE)	SP	PA
<b>*Genitourinary Agents - Miscellaneous*</b>		
<b>*Cystinosis Agents***</b>		
CYSTAGON	SP	PA
<b>*Small Interfering Ribonucleic Acid Agents (Sirna)***</b>		
OXLUMO	SP	PA
<b>*Urinary Stone Agents***</b>		
<i>tiopronin oral tablet</i>	SP	PA
<i>tiopronin oral tablet delayed release</i>	SP	PA
<b>*Hematological Agents - Misc.*</b>		
<b>*Aminolevulinate Synthase 1-Directed Sirna***</b>		

Drug	Status	Notes
GIVLAARI	SP	PA; QL (1 ML per 30 days)
<b>*Antihemophilic Products - Monoclonal Antibodies***</b>		
HEMLIBRA	SP	PA
<b>*Antihemophilic Products***</b>		
ADVATE	SP	PA
<i>adynovate</i>	SP	PA
AFSTYLA	SP	PA
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	SP	PA
ALPHANINE SD	SP	PA
ALPROLIX	SP	PA
BENEFIX INTRAVENOUS KIT	SP	PA
COAGADEX	SP	PA
CORIFACT	SP	PA
ELOCTATE	SP	PA
ESPEROCT	SP	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	SP	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	SP	PA
JIVI	SP	PA
KOGENATE FS	SP	PA
KOVALTRY	SP	PA
NOVOEIGHT	SP	PA
<i>obizur</i>	SP	PA
PROFILNINE	SP	PA
RIASTAP	SP	PA
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	SP	PA; QL (2 EA per 30 days)
VONVENDI	SP	PA
<b>*Anti-Von Willebrand Factor Agents***</b>		
CABLIVI	SP	PA
<b>*Bradykinin B2 Receptor Antagonists***</b>		
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	SP	PA; QL (9 ML per 30 days)
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP	PA; QL (9 ML per 30 days)
<b>*C1 Esterase Inhibitors***</b>		
HAEGARDA	SP	PA
<b>*Complement C3 Inhibitors***</b>		
EMPAVELI	SP	PA

Drug	Status	Notes
<b>*Human Protein C***</b>		
CEPROTIN	SP	PA
<b>*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***</b>		
TAKHZYRO	SP	PA
<b>*Plasma Kallikrein Inhibitors***</b>		
KALBITOR	SP	PA
ORLADEYO	SP	PA
<b>*Plasma Proteins***</b>		
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	SP	PA
<b>*Hematopoietic Agents*</b>		
<b>*Agents For Gaucher Disease***</b>		
CERDELGA	SP	PA
<i>miglustat</i>	SP	PA
YARGESA	SP	PA
<b>*Amino Acids***</b>		
ENDARI	SP	PA
<b>*Cxcr4 Receptor Antagonist***</b>		
MOZOBIL	SP	PA; QL (9.6 ML per 4 days)
<b>*Erythroid Maturation Agents***</b>		
REBLOZYL	SP	PA
<b>*Erythropoiesis-Stimulating Agents (Esas)***</b>		
PROCRIT	SP	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	SP	PA
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>		
NIVESTYM	SP	PA
ZIEXTENZO	SP	PA; QL (1.2 ML per 30 days)
<b>*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***</b>		
LEUKINE INJECTION SOLUTION RECONSTITUTED	SP	PA
<b>*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***</b>		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG	SP	PA; QL (30 EA per 30 days)
JESDUVROQ ORAL TABLET 6 MG	SP	PA; QL (60 EA per 30 days)
JESDUVROQ ORAL TABLET 8 MG	SP	PA; QL (90 EA per 30 days)
<b>*Thrombopoietin (Tpo) Receptor Agonists***</b>		
DOPTELET ORAL TABLET 20 MG	SP	PA; QL (15 EA per 5 days)
NPLATE	SP	PA

Drug	Status	Notes
PROMACTA ORAL PACKET	SP	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	SP	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	SP	PA; QL (60 EA per 30 days)
<b>*Hypnotics/Sedatives/Sleep Disorder Agents*</b>		
<b>*Selective Melatonin Receptor Agonists***</b>		
HETLIOZ	SP	PA
HETLIOZ LQ	SP	PA
<i>tasimelteon</i>	SP	PA
<b>*Miscellaneous Therapeutic Classes*</b>		
<b>*Antileptotics***</b>		
THALOMID ORAL CAPSULE 100 MG, 50 MG	SP	PA
<b>*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***</b>		
BENLYSTA SUBCUTANEOUS	SP	PA; QL (4 ML per 28 days)
<b>*Chelating Agents***</b>		
<i>penicillamine oral</i>	SP	PA
<b>*Farnesyltransferase Inhibitors***</b>		
ZOKINVY	SP	PA
<b>*Fecal Incontinence Bulking Agent - Combinations***</b>		
SOLESTA	SP	PA
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>		
<i>lenalidomide</i>	SP	PA
REVLIMID	SP	PA
<b>*Monoclonal Antibodies***</b>		
ENSPRYNG	SP	PA
<b>*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***</b>		
VIJOICE	SP	PA; QL (28 EA per 28 days)
<b>*Rock Inhibitors***</b>		
REZUROCK	SP	PA; QL (30 EA per 30 days)
<b>*Mouth/Throat/Dental Agents*</b>		
<b>*Protectants - Mouth/Throat***</b>		
PROTHELIAL	SP	PA
<b>*Musculoskeletal Therapy Agents*</b>		
<b>*Retinoic Acid Receptor Gamma Selective Agonists***</b>		
SOHONOS	SP	PA
<b>*Viscosupplements***</b>		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	SP	PA

Drug	Status	Notes
MONOVISC	SP	PA
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	SP	PA
<b>*Neuromuscular Agents*</b>		
<b>*Als Agent Combinations***</b>		
RELYVRIO	SP	PA
<b>*Benzathiazoles***</b>		
EXSERVAN	SP	PA
<b>*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***</b>		
SKYCLARYS	SP	PA; QL (90 EA per 30 days)
<b>*Neuromuscular Blocking Agent - Neurotoxins***</b>		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT	SP	PA; QL (4 EA per 84 days)
BOTOX INJECTION SOLUTION RECONSTITUTED 200 UNIT	SP	PA; QL (2 EA per 84 days)
DYSPORT	SP	PA; QL (2 EA per 84 days)
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML	SP	PA; QL (1 ML per 84 days)
MYOBLOC INTRAMUSCULAR SOLUTION 2500 UNIT/0.5ML	SP	PA; QL (4 ML per 84 days)
MYOBLOC INTRAMUSCULAR SOLUTION 5000 UNIT/ML	SP	PA; QL (2 ML per 84 days)
<b>*Rett Syndrome Agents - Glycine-Proline- Glutamate Analogs***</b>		
DAYBUE	SP	PA
<b>*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***</b>		
EVRYSDI	SP	PA
<b>*Nutrients*</b>		
<b>*Lipids***</b>		
DOJOLVI	SP	PA
<b>*Ophthalmic Agents*</b>		
<b>*Ophthalmic Nerve Growth Factors***</b>		
OXERVATE	SP	PA
<b>*Ophthalmics - Cystinosis Agents**</b>		
CYSTARAN	SP	PA; QL (60 ML per 30 days)
<b>*Vascular Endothelial Growth Factor (Vegf) Antagonists***</b>		
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE	SP	PA
<i>bevacizumab intravitreal solution prefilled syringe 1.25 mg/0.05ml, 2 mg/0.08ml, 2.5 mg/0.1ml, 3 mg/0.12ml, 3.25 mg/0.13ml</i>	SP	PA

Drug	Status	Notes
EYLEA INTRAVITREAL	SP	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	SP	PA
<b>*Passive Immunizing And Treatment Agents*</b>		
<b>*Antiviral Monoclonal Antibodies***</b>		
BEYFORTUS	SP	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	SP	PA; QL (1 ML per 30 days)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML	SP	PA; QL (0.5 ML per 30 days)
<b>*Immune Serums***</b>		
CUVITRU	SP	PA
CYTOGAM	SP	PA
GAMASTAN	SP	PA
GAMMAGARD	SP	PA
GAMUNEX-C	SP	PA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	SP	PA
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML	SP	PA
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	SP	PA; QL (2 EA per 365 days)
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	SP	PA
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	SP	PA
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	SP	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	SP	PA; QL (2 EA per 365 days)
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	SP	PA; QL (2 ML per 365 days)
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML	SP	PA; QL (2 ML per 365 days)
WINRHO SDF INJECTION SOLUTION 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	SP	PA
XEMBIFY	SP	PA
<b>*Passive Immunizing Agents - Combinations***</b>		
HYQVIA	SP	PA
<b>*Psychotherapeutic And Neurological Agents - Misc.*</b>		
<b>*Anti-Cataplectic Agents***</b>		
LUMRYZ	SP	PA
<i>sodium oxybate</i>	SP	PA; QL (540 ML per 30 days)

Drug	Status	Notes
XYREM	SP	PA; QL (540 ML per 30 days)
<b>*Anti-Cataplectic Combinations***</b>		
XYWAV	SP	PA; QL (540 ML per 30 days)
<b>*Antisense Oligonucleotide (Aso) Inhibitor Agents***</b>		
TEGSEDI	SP	PA; QL (6 ML per 28 days)
<b>*Movement Disorder Drug Therapy***</b>		
AUSTEDO ORAL TABLET 12 MG	SP	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG, 9 MG	SP	PA; QL (60 EA per 30 days)
AUSTEDO XR	SP	PA; QL (30 EA per 30 days)
AUSTEDO XR PATIENT TITRATION	SP	PA; QL (42 EA per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	SP	PA; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	SP	PA; QL (120 EA per 30 days)
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors***</b>		
<i>teriflunomide</i>	SP	PA
<b>*Multiple Sclerosis Agents - Antimetabolites***</b>		
MAVENCLAD (10 TABS)	SP	PA; QL (10 EA per 10 days)
MAVENCLAD (4 TABS)	SP	PA; QL (4 EA per 4 days)
MAVENCLAD (5 TABS)	SP	PA; QL (5 EA per 5 days)
MAVENCLAD (6 TABS)	SP	PA; QL (6 EA per 6 days)
MAVENCLAD (7 TABS)	SP	PA; QL (7 EA per 7 days)
MAVENCLAD (8 TABS)	SP	PA; QL (8 EA per 8 days)
MAVENCLAD (9 TABS)	SP	PA; QL (9 EA per 9 days)
<b>*Multiple Sclerosis Agents - Interferons***</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	SP	PA; QL (1 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	SP	PA; QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	SP	PA; QL (14 EA per 30 days)
PLEGRIDY	SP	PA; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	SP	PA; QL (1 ML per 365 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP	PA; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP	PA; QL (5 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP	PA; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP	PA; QL (5 ML per 28 days)
<b>*Multiple Sclerosis Agents - Monoclonal Antibodies***</b>		
KESIMPTA	SP	PA
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</b>		

Drug	Status	Notes
<b>BAFIERTAM</b>	SP	PA
<i>dimethyl fumarate oral</i>	SP	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	SP	PA; QL (60 EA per 999 days)
<b>VUMERITY</b>	SP	PA
<b>*Multiple Sclerosis Agents - Potassium Channel Blockers***</b>		
<i>dalfampridine er</i>	SP	PA
<b>*Multiple Sclerosis Agents***</b>		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	SP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	SP	PA; QL (12 ML per 28 days)
<b>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>	SP	PA; QL (30 ML per 30 days)
<b>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML</b>	SP	PA; QL (12 ML per 28 days)
<b>*Small Interfering Ribonucleic Acid (Sirna) Agents***</b>		
<b>AMVUTTRA</b>	SP	PA; QL (0.5 ML per 90 days)
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</b>		
<i>fingolimod hcl</i>	SP	PA; QL (30 EA per 30 days)
<b>MAYZENT</b>	SP	PA; QL (30 EA per 30 days)
<b>MAYZENT STARTER PACK</b>	SP	PA
<b>PONVORY</b>	SP	PA
<b>PONVORY STARTER PACK</b>	SP	PA
<b>ZEPOSIA</b>	SP	PA
<b>ZEPOSIA 7-DAY STARTER PACK</b>	SP	PA
<b>ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &amp; 0.46MG 0.92MG(21)</b>	SP	PA
<b>*Respiratory Agents - Misc.*</b>		
<b>*Cftr Potentiators***</b>		
<b>KALYDECO ORAL PACKET 13.4 MG, 25 MG</b>	SP	PA
<b>KALYDECO ORAL PACKET 5.8 MG, 50 MG, 75 MG</b>	SP	PA; QL (56 EA per 28 days)
<b>KALYDECO ORAL TABLET</b>	SP	PA; QL (60 EA per 30 days)
<b>*Cystic Fibrosis Agent - Combinations***</b>		
<b>ORKAMBI ORAL PACKET</b>	SP	PA; QL (56 EA per 28 days)
<b>ORKAMBI ORAL TABLET</b>	SP	PA; QL (112 EA per 28 days)
<b>SYMDEKO</b>	SP	PA; QL (56 EA per 28 days)
<b>TRIKAFTA</b>	SP	PA; QL (84 EA per 28 days)
<b>*Cystic Fibrosis Agents - Miscellaneous***</b>		
<b>BRONCHITOL</b>	SP	PA
<b>BRONCHITOL TOLERANCE TEST</b>	SP	PA



Drug	Status	Notes
<b>*Hydrolytic Enzymes***</b>		
<b>PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML</b>	SP	PA; QL (75 ML per 30 days)
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</b>		
<b>OFEV</b>	SP	PA; QL (60 EA per 30 days)
<b>*Pulmonary Fibrosis Agents***</b>		
<i>pirfenidone oral tablet 267 mg, 534 mg</i>	SP	PA; QL (21 EA per 7 days)
<i>pirfenidone oral tablet 801 mg</i>	SP	PA; QL (90 EA per 30 days)
<b>*Tetracyclines*</b>		
<b>*Aminomethylcyclines***</b>		
<b>NUZYRA ORAL TABLET 150 MG</b>	SP	PA
<b>*Vasopressors*</b>		
<b>*Neurogenic Orthostatic Hypotension (Noh) - Agents***</b>		
<i>droxidopa</i>	SP	PA