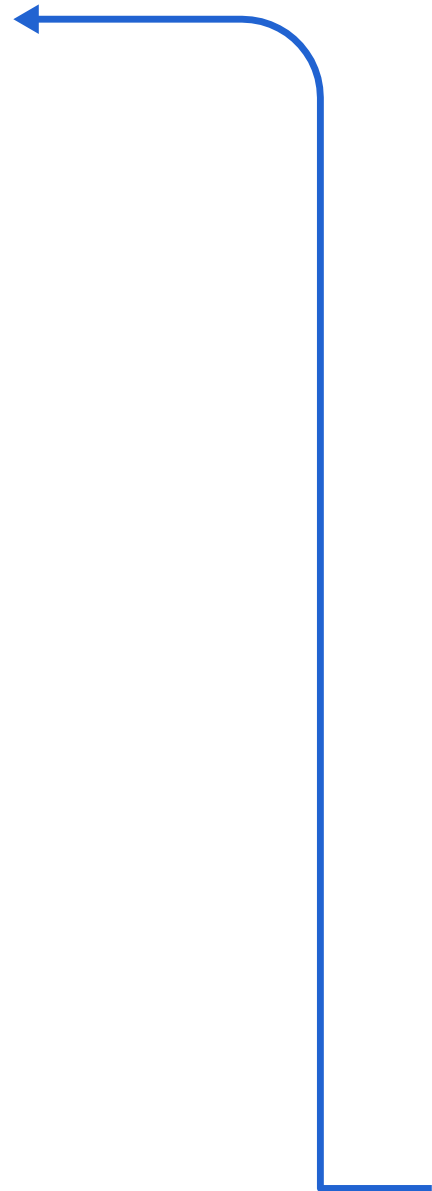




Specialty Drug List.

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 1/16/2025

| Drug | Status | Notes |
|---|--------|-----------------------------|
| *Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant* | | |
| *Histamine H3-Receptor Antagonist/Inverse Agonists*** | | |
| WAKIX | SP | PA; ST |
| *Aminoglycosides* | | |
| *Aminoglycosides*** | | |
| 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) |
| *Analgesics - Anti-Inflammatory* | | |
| *Antirheumatic - Janus Kinase (Jak) Inhibitors*** | | |
| RINVOQ | SP | PA; QL (30 EA per 30 days) |
| RINVOQ LQ | SP | PA; QL (360 ML 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) |
| *Anti-Tnf-Alpha - Monoclonal Antibodies*** | | |
| <i>adalimumab-aacf (2 pen)</i> | SP | PA; QL (2 EA per 28 days) |
| <i>adalimumab-aacf (2 syringe)</i> | SP | PA; QL (2 EA per 28 days) |
| <i>adalimumab-aacf(cd/uc/hs strt)</i> | SP | PA; QL (3 EA per 365 days) |
| <i>adalimumab-aacf(ps/uv starter)</i> | SP | PA; QL (3 EA per 365 days) |
| <i>adalimumab-adaz</i> | SP | PA; QL (2 ML per 28 days) |

| Drug | Status | Notes |
|--|--------|-----------------------------|
| <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) |
| <i>adalimumab-fkjp (2 pen)</i> | SP | PA; QL (2 EA per 28 days) |
| <i>adalimumab-fkjp (2 syringe)</i> | SP | PA; QL (2 EA per 28 days) |
| SIMLANDI (1 PEN) | SP | PA; QL (2 EA per 28 days) |
| SIMLANDI (2 PEN) | SP | PA; QL (2 EA per 28 days) |
| SIMLANDI (2 SYRINGE) | 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) |
| YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | SP | PA; QL (1.6 ML per 28 days) |
| *Interleukin-1 Blockers*** | | |
| ARCALYST | SP | PA; QL (2 EA per 30 days) |
| *Interleukin-1Beta Blockers*** | | |

| Drug | Status | Notes |
|---|--------|---------------------------------|
| ILARIS SUBCUTANEOUS SOLUTION | SP | PA; QL (2 ML per 28 days) |
| *Interleukin-6 Receptor Inhibitors*** | | |
| 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) |
| *Phosphodiesterase 4 (Pde4) Inhibitors*** | | |
| OTEZLA ORAL TABLET | SP | PA; QL (60 EA per 30 days) |
| OTEZLA ORAL TABLET THERAPY PACK | SP | PA; QL (55 EA per 274 days) |
| *Soluble Tumor Necrosis Factor Receptor Agents*** | | |
| ENBREL MINI | SP | PA; QL (4 ML per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | SP | PA; QL (4 ML per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | SP | PA; QL (4 ML per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR | SP | PA; QL (4 ML per 28 days) |
| *Analgesics - Nonnarcotic* | | |
| *Selective N-Type Neuronal Calcium Channel Blockers*** | | |
| PRIALT | SP | PA |
| *Analgesics - Opioid* | | |
| *Opioid Partial Agonists*** | | |
| SUBLOCADE | SP | PA |
| *Antiasthmatic And Bronchodilator Agents* | | |
| *Anti-Ige Monoclonal Antibodies*** | | |

| Drug | Status | Notes |
|--|--------|-----------------------------------|
| 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) |
| *Interleukin-5 Antagonists (Igg1 Kappa)*** | | |
| 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) |
| *Anticoagulants* | | |
| *Low Molecular Weight Heparins*** | | |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML | SP | PA |

| Drug | Status | Notes |
|--|--------|-----------------------------|
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | SP | PA |
| *Synthetic Heparinoid-Like Agents*** | | |
| <i>fondaparinux sodium</i> | SP | PA |
| *Anticonvulsants* | | |
| *Anticonvulsants - Misc.*** | | |
| DIACOMIT | SP | PA |
| EPIDIOLEX | SP | PA |
| ZTALMY | SP | PA |
| *Gaba Modulators*** | | |
| <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 |
| VIGAFYDE | SP | PA; QL (720 ML per 30 days) |
| *Antidepressants* | | |
| *Gaba Receptor Modulator - Neuroactive Steroid*** | | |
| 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) |
| *Antidotes And Specific Antagonists* | | |
| *Antidotes - Chelating Agents*** | | |
| <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 |
| *Antidotes And Specific Antagonists*** | | |
| VISTOGARD | SP | PA |
| *Opioid Antagonists*** | | |
| VIVITROL | SP | PA |

| Drug | Status | Notes |
|--|--------|----------------------------|
| *Antiemetics* | | |
| *Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** | | |
| VARUBI (180 MG DOSE) | SP | PA |
| *Antihyperlipidemics* | | |
| *Microsomal Triglyceride Transfer Protein Inhibitors*** | | |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG | SP | PA |
| *Antihypertensives* | | |
| *Antihypertensives - Misc.*** | | |
| VECAMYL | SP | PA |
| *Anti-Infective Agents - Misc.* | | |
| *Monobactams*** | | |
| CAYSTON | SP | PA; QL (84 ML per 28 days) |
| *Antineoplastics And Adjunctive Therapies* | | |
| *Androgen Biosynthesis Inhibitors*** | | |
| <i>abiraterone acetate</i> | SP | PA |
| YONSA | SP | PA |
| *Antiadrenals*** | | |
| LYSODREN | SP | PA |
| *Antiandrogens*** | | |
| ERLEADA | SP | PA |
| NUBEQA | SP | PA |
| XTANDI | SP | PA |
| *Antimetabolites*** | | |
| <i>azacitidine</i> | SP | PA |
| <i>capecitabine</i> | SP | PA |
| PURIXAN | SP | PA |
| *Antineoplastic - Akt Inhibitors*** | | |
| TRUQAP ORAL TABLET 200 MG | SP | PA |
| TRUQAP ORAL TABLET THERAPY PACK | SP | PA |
| *Antineoplastic - Alk Inhibitors*** | | |

| Drug | Status | Notes |
|--|--------|-----------------------------|
| 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 |
| *Antineoplastic - Anti-Her2 Agents*** | | |
| TUKYSA | SP | PA |
| *Antineoplastic - Bcl-2 Inhibitors*** | | |
| VENCLEXTA | SP | PA |
| VENCLEXTA STARTING PACK | SP | PA; QL (42 EA per 999 days) |
| *Antineoplastic - Bcr-Abl Kinase Inhibitors*** | | |
| BOSULIF | SP | PA |
| <i>dasatinib</i> | SP | PA |
| ICLUSIG | SP | PA |
| <i>imatinib mesylate</i> | SP | PA |
| SCEMBLIX | SP | PA |
| TASIGNA | SP | PA |
| *Antineoplastic - Bispecific T-Cell Engagers*** | | |
| TECVAYLI | SP | PA |
| *Antineoplastic - Braf Kinase Inhibitors*** | | |
| OJEMDA ORAL SUSPENSION RECONSTITUTED | SP | PA; QL (96 ML per 28 days) |
| OJEMDA ORAL TABLET 100 MG | SP | PA; QL (24 EA per 28 days) |
| TAFINLAR | SP | PA |
| ZELBORAF | SP | PA |
| *Antineoplastic - Btk Inhibitors*** | | |
| BRUKINSA | SP | PA |
| IMBRUVICA ORAL CAPSULE | SP | PA |
| IMBRUVICA ORAL SUSPENSION | SP | PA |
| IMBRUVICA ORAL TABLET 420 MG | SP | PA |

| Drug | Status | Notes |
|--|--------|----------------------------|
| JAYPIRCA | SP | PA |
| *Antineoplastic - Egfr Inhibitors*** | | |
| <i>erlotinib hcl</i> | SP | PA |
| <i>gefitinib</i> | SP | PA |
| GILOTRIF | SP | PA |
| IRESSA | SP | PA |
| TAGRISSE | SP | PA |
| VIZIMPRO | SP | PA |
| *Antineoplastic - Fgfr Kinase Inhibitors*** | | |
| 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) |
| *Antineoplastic - Gamma Secretase Inhibitors*** | | |
| OGSIVEO | SP | PA; QL (60 EA per 30 days) |
| *Antineoplastic - Hedgehog Pathway Inhibitors*** | | |
| DAURISMO | SP | PA |
| ERIVEDGE | SP | PA |
| ODOMZO | SP | PA |
| *Antineoplastic - Hif-2-Alpha Inhibitors*** | | |
| WELIREG | SP | PA; QL (90 EA per 30 days) |
| *Antineoplastic - Histone Deacetylase Inhibitors*** | | |
| ZOLINZA | SP | PA |
| *Antineoplastic - Immunomodulators*** | | |
| POMALYST | SP | PA; QL (21 EA per 28 days) |
| *Antineoplastic - Kras Inhibitors*** | | |
| KRAZATI | SP | PA |
| LUMAKRAS | SP | PA |
| *Antineoplastic - Mek Inhibitors*** | | |

| Drug | Status | Notes |
|---|--------|----------------------------|
| COTELLIC | SP | PA; QL (63 EA per 28 days) |
| KOSELUGO | SP | PA |
| MEKINIST | SP | PA |
| *Antineoplastic - Met Inhibitors*** | | |
| TABRECTA | SP | PA |
| *Antineoplastic - Methyltransferase Inhibitors*** | | |
| TAZVERIK | SP | PA |
| *Antineoplastic - Mtor Kinase Inhibitors*** | | |
| <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 |
| *Antineoplastic - Multikinase Inhibitors*** | | |
| 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 |
| *Antineoplastic - Pdgfr-Alpha Inhibitors*** | | |
| AYVAKIT | SP | PA |
| *Antineoplastic - Proteasome Inhibitors*** | | |
| <i>bortezomib injection</i> | SP | PA |
| NINLARO | SP | PA; QL (3 EA per 28 days) |

| Drug | Status | Notes |
|--|--------|----------------------------|
| *Antineoplastic - Ret Inhibitors*** | | |
| GAVRETO | SP | PA |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | SP | PA; QL (60 EA per 30 days) |
| RETEVMO ORAL TABLET 40 MG | SP | PA; QL (90 EA per 30 days) |
| *Antineoplastic - Tropomyosin Receptor Kinase Inhibitors*** | | |
| ROZLYTREK | SP | PA |
| VITRAKVI | SP | PA |
| *Antineoplastic Combinations*** | | |
| DARZALEX FASPRO | SP | PA |
| LONSURF | SP | PA |
| *Antineoplastic Enzymes*** | | |
| ONCASPAR INJECTION | SP | PA |
| RYLAZE | SP | PA |
| *Antineoplastics Misc.*** | | |
| ACTIMMUNE | SP | PA |
| MATULANE | SP | PA |
| TICE BCG | SP | PA |
| *Cyclin-Dependent Kinases (Cdk) Inhibitors*** | | |
| VERZENIO | SP | PA |
| *Gonadotropin Releasing Hormone (Gnrh) Antagonists*** | | |
| FIRMAGON (240 MG DOSE) | SP | PA; QL (2 EA per 999 days) |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | SP | PA |
| *Imidazotetrazines*** | | |
| <i>temozolomide</i> | SP | PA |
| *Isocitrate Dehydrogenase-1 (Idh1) Inhibitors*** | | |
| REZLIDHIA | SP | PA |
| TIBSOVO | SP | PA |

| Drug | Status | Notes |
|--|--------|-----------------------------|
| *Isocitrate Dehydrogenase-2 (Idh2) Inhibitors*** | | |
| IDHIFA | SP | PA |
| *Janus Associated Kinase (Jak) Inhibitors*** | | |
| JAKAFI | SP | PA; QL (60 EA per 30 days) |
| VONJO | SP | PA; QL (120 EA per 30 days) |
| *Lhrh Analogs*** | | |
| 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) | SP | PA; QL (1 EA per 28 days) |
| LUPRON DEPOT (3-MONTH) | 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 |
| *Ornithine Decarboxylase (Odc) Inhibitors*** | | |
| IWILFIN | SP | PA |
| *Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors*** | | |
| COPIKTRA | SP | PA |
| ZYDELIG | SP | PA |
| *Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** | | |
| LYNPARZA ORAL TABLET | SP | PA |
| TALZENNA | SP | PA |
| *Selective Estrogen Receptor Degradars*** | | |
| ORSERDU | SP | PA |
| *Topoisomerase I Inhibitors*** | | |
| HYCAMTIN ORAL | SP | PA |

| Drug | Status | Notes |
|---|--------|----------------------------|
| *Vascular Endothelial Growth Factor (Vegf) Inhibitors*** | | |
| 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 |
| *Antiparkinson And Related Therapy Agents* | | |
| *Adenosine Receptor Antagonist*** | | |
| NOURIANZ | SP | PA |
| *Antiparkinson Dopaminergics*** | | |
| INBRIJA | SP | PA |
| *Levodopa Combinations*** | | |
| DUOPA ENTERAL | SP | PA |
| *Antipsychotics/Antimanic Agents* | | |
| *Antipsychotics - Misc.*** | | |
| NUPLAZID ORAL CAPSULE | SP | PA; QL (30 EA per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | SP | PA; QL (60 EA per 30 days) |
| *Antivirals* | | |
| *Antiretroviral Combinations*** | | |
| CABENUVA | SP | PA |
| *Antiretrovirals - Capsid Inhibitors*** | | |
| SUNLENCA | SP | PA |
| *Antiretrovirals - Fusion Inhibitors*** | | |

| Drug | Status | Notes |
|---|--------|----------------------------|
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | SP | PA |
| *Cmv Agents*** | | |
| LIVTENCITY | SP | PA |
| *Hepatitis C Agent - Combinations*** | | |
| EPCLUSA | SP | PA; QL (28 EA per 28 days) |
| HARVONI ORAL PACKET 33.75-150 MG | SP | PA; QL (28 EA per 28 days) |
| 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) |
| *Hepatitis C Agents*** | | |
| 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 |
| *Rsv Agents - Nucleoside Analogues*** | | |
| <i>ribavirin inhalation</i> | SP | PA |
| *Cardiovascular Agents - Misc.* | | |
| *Cardiac Myosin Inhibitors*** | | |
| CAMZYOS | SP | PA |
| *Pde Inhibitor- Endothelin Receptor Antagonist Combinations*** | | |
| OPSYNVI | SP | PA |
| *Prostaglandin Vasodilators*** | | |
| ORENITRAM | SP | PA |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| 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 KIT | SP | PA |
| TYVASO STARTER KIT | SP | PA |
| VENTAVIS | SP | PA |
| *Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)*** | | |
| ADEMPAS | SP | PA |
| *Pulmonary Hypertension - Activin Signaling Inhibitor*** | | |
| WINREVAIR | SP | PA |
| *Pulmonary Hypertension - Endothelin Receptor Antagonists*** | | |
| <i>ambrisentan</i> | SP | PA |
| <i>bosentan</i> | SP | PA |
| OPSUMIT | SP | PA |
| TRACLEER ORAL TABLET SOLUBLE | SP | PA |
| *Pulmonary Hypertension - Phosphodiesterase Inhibitors*** | | |
| 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) |
| *Pulmonary Hypertension - Prostacyclin Receptor Agonist*** | | |
| UPTRAVI ORAL | SP | PA |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| UPTRAVI TITRATION | SP | PA |
| *Transthyretin Stabilizers*** | | |
| VYNDAMAX | SP | PA |
| VYNDAQEL | SP | PA |
| *Contraceptives* | | |
| *Progestin Contraceptives - Iud*** | | |
| KYLEENA | SP | PA |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY | SP | PA |
| *Corticosteroids* | | |
| *Glucocorticosteroids*** | | |
| TARPEYO | SP | PA |
| ZILRETTA | SP | PA |
| *Dermatologicals* | | |
| *Alopecia Agents - Janus Kinase (Jak) Inhibitors*** | | |
| LITFULO | SP | PA |
| *Antineoplastic Alkylating Agents - Topical*** | | |
| VALCHLOR | SP | PA |
| *Antipsoriatics - Systemic*** | | |
| 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) |

| Drug | Status | Notes |
|--|--------|------------------------------|
| TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | SP | PA; QL (1 ML per 28 days) |
| TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | SP | PA; QL (2 ML per 28 days) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | SP | PA; QL (1 ML per 28 days) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML | SP | PA; QL (2 ML per 28 days) |
| *Atopic Dermatitis - Janus Kinase (Jak) Inhibitors*** | | |
| CIBINQO | SP | PA |
| *Atopic Dermatitis - Monoclonal Antibodies*** | | |
| ADBRY | SP | PA |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML | SP | PA; QL (2.8 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-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) |
| *Glabellar Lines (Frown Lines) Agents*** | | |
| BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT | SP | PA; QL (4 EA per 84 days) |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT | SP | PA; QL (2 EA per 84 days) |
| *Macrolide Immunosuppressants - Topical*** | | |
| HYFTOR | SP | PA |
| *Melanocortin Receptor Agonists (Uv Protective)*** | | |
| SCENESSE | SP | PA |
| *Wound Dressings*** | | |
| FILSUVEZ | SP | PA; QL (702 GM per 30 days) |
| *Digestive Aids* | | |
| *Digestive Enzymes*** | | |
| SUCRAID | SP | PA |
| *Endocrine And Metabolic Agents - Misc.* | | |
| *Adenosine Deaminase Scid Treatment - Agents*** | | |
| REVCIVI | SP | PA |
| *Bisphosphonates*** | | |
| <i>zoledronic acid intravenous concentrate</i> | SP | PA; QL (5 ML per 365 days) |
| *Corticotropin*** | | |
| CORTROPHIN | SP | PA; QL (15 ML per 28 days) |
| *Fabry Disease - Agents*** | | |
| GALAFOLD | SP | PA; QL (14 EA per 28 days) |
| *Gnrh/Lhrh Antagonists*** | | |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG | SP | PA |
| *Growth Hormone Receptor Antagonists*** | | |
| SOMAVERT | SP | PA |
| *Growth Hormone Releasing Hormones (Ghrh)*** | | |

| Drug | Status | Notes |
|--|--------|----------------------------|
| EGRIFTA SV | SP | PA; QL (60 EA per 30 days) |
| *Growth Hormones*** | | |
| 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 |
| *Hereditary Orotic Aciduria Treatment - Agents** | | |
| XURIDEN | SP | PA |
| *Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents*** | | |
| <i>nitisinone</i> | SP | PA |
| NITYR | SP | PA |
| ORFADIN ORAL CAPSULE 20 MG | SP | PA |
| ORFADIN ORAL SUSPENSION | SP | PA |
| *Homocystinuria Treatment - Agents*** | | |
| <i>betaine</i> | SP | PA |
| *Hyperammonemia Treatment - Agents*** | | |
| <i>carglumic acid oral tablet soluble</i> | SP | PA |
| *Hypophosphatasia (Hpp) Agents*** | | |
| STRENSIQ | SP | PA |
| *Insulin-Like Growth Factors (Somatomedins)*** | | |
| INCRELEX | SP | PA |

| Drug | Status | Notes |
|---|--------|------------------------------|
| *Leptin Analogues*** | | |
| MYALEPT | SP | PA |
| *Lhrh/Gnrh Agonist Analog Pituitary Suppressants*** | | |
| FENSOLVI (6 MONTH) | SP | PA |
| TRIPTODUR | SP | PA |
| *Natriuretic Peptides*** | | |
| VOXZOGO | SP | PA |
| *Ovulation Stimulants-Gonadotropins*** | | |
| 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 SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | SP | PA |
| *Parathyroid Hormone And Derivatives*** | | |
| <i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i> | SP | PA; QL (2.4 ML per 28 days) |
| <i>teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml</i> | SP | PA; QL (2.48 ML per 28 days) |
| TYMLOS | SP | PA; QL (1.56 ML per 30 days) |
| *Phenylketonuria Treatment - Agents*** | | |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML | SP | PA; QL (30 ML per 30 days) |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML | SP | PA; QL (8 ML per 28 days) |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | SP | PA; QL (60 ML per 30 days) |
| <i>sapropterin dihydrochloride oral packet</i> | SP | PA |
| <i>sapropterin dihydrochloride oral tablet</i> | SP | PA |
| *Rank Ligand (Rankl) Inhibitors*** | | |
| XGEVA | SP | PA; QL (1.7 ML per 28 days) |
| *Selective Vasopressin V2-Receptor Antagonists*** | | |
| JYNARQUE ORAL TABLET 15 MG | SP | PA; QL (60 EA per 30 days) |
| JYNARQUE ORAL TABLET 30 MG | SP | PA; QL (30 EA per 30 days) |
| JYNARQUE ORAL TABLET THERAPY PACK | 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) |
| *Somatostatic Agents*** | | |
| <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 |
| SIGNIFOR | SP | PA; QL (60 ML per 30 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML | SP | PA; QL (0.5 ML per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML | SP | PA; QL (0.2 ML per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML | SP | PA; QL (0.3 ML per 28 days) |
| *Urea Cycle Disorder - Agents*** | | |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| RAVICTI | SP | PA; QL (525 ML per 30 days) |
| *X-Linked Hypophosphatemia (Xih) Treatment - Agents*** | | |
| CRYSVITA | SP | PA; QL (90 ML per 28 days) |
| *Gastrointestinal Agents - Misc.* | | |
| *Bile Acid Synthesis Disorder Agents*** | | |
| CHOLBAM ORAL CAPSULE 250 MG | SP | PA |
| CHOLBAM ORAL CAPSULE 50 MG | SP | PA; QL (120 EA per 30 days) |
| *Farnesoid X Receptor (Fxr) Agonists*** | | |
| OCALIVA | SP | PA; QL (30 EA per 30 days) |
| *Gallstone Solubilizing Agents*** | | |
| CHENODAL | SP | PA |
| *Glucagon-Like Peptide-2 (Glp-2) Analogs*** | | |
| GATTEX | SP | PA; QL (30 EA per 30 days) |
| *Hepatotropics - Thyroid Hormone Receptor-Beta Agonists*** | | |
| REZDIFFRA | SP | PA; QL (30 EA per 30 days) |
| *Ileal Bile Acid Transporter (Ibat) Inhibitors*** | | |
| BYLVAY | SP | PA |
| BYLVAY (PELLETS) | SP | PA |
| LIVMARLI | SP | PA |
| *Integrin Receptor Antagonists*** | | |
| ENTYVIO INTRAVENOUS | SP | PA |
| ENTYVIO PEN | SP | PA |
| *Interleukin Antagonists*** | | |
| OMVOH | SP | PA |
| SKYRIZI INTRAVENOUS | SP | PA; QL (10 ML per 28 days) |

| Drug | Status | Notes |
|--|--------|-----------------------------|
| 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 |
| *Live Fecal Microbiota (Human)** | | |
| VOWST | SP | PA |
| *Tryptophan Hydroxylase Inhibitors*** | | |
| XERMELO | SP | PA |
| *Tumor Necrosis Factor Alpha Blockers*** | | |
| INFLECTRA | SP | PA |
| *Genitourinary Agents - Miscellaneous* | | |
| *Cystinosis Agents*** | | |
| CYSTAGON | SP | PA |
| *Small Interfering Ribonucleic Acid Agents (Sirna)*** | | |
| OXLUMO | SP | PA |
| *Urinary Stone Agents*** | | |
| <i>tiopronin oral tablet</i> | SP | PA |
| <i>tiopronin oral tablet delayed release</i> | SP | PA |
| *Hematological Agents - Misc.* | | |
| *Aminolevulinat Synthase 1-Directed Sirna*** | | |
| GIVLAARI | SP | PA; QL (1 ML per 30 days) |
| *Antihemophilic Products - Monoclonal Antibodies*** | | |
| HEMLIBRA | SP | PA |
| *Antihemophilic Products*** | | |
| ADVATE | SP | PA |
| <i>adynovate</i> | SP | PA |
| AFSTYLA | SP | PA |

| Drug | Status | Notes |
|--|--------|---------------------------|
| 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 |
| TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT | SP | PA; QL (2 EA per 30 days) |
| VONVENDI | SP | PA |
| *Anti-Von Willebrand Factor Agents*** | | |
| CABLIVI | SP | PA |
| *Bradykinin B2 Receptor Antagonists*** | | |
| <i>icatibant acetate subcutaneous solution prefilled syringe</i> | SP | PA; QL (9 ML per 30 days) |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | SP | PA; QL (9 ML per 30 days) |
| *C1 Esterase Inhibitors*** | | |
| HAEGARDA | SP | PA |
| *Complement C3 Inhibitors*** | | |
| EMPAVELI | SP | PA |
| *Complement Factor B Inhibitors*** | | |
| FABHALTA | SP | PA |
| *Complement Factor D Inhibitors*** | | |
| VOYDEYA ORAL TABLET | SP | PA; QL (180 EA per 30 days) |
| VOYDEYA ORAL TABLET THERAPY PACK | SP | PA |
| *Human Protein C*** | | |
| CEPROTIN | SP | PA |
| *Plasma Kallikrein Inhibitors - Monoclonal Antibodies*** | | |
| TAKHZYRO | SP | PA |
| *Plasma Kallikrein Inhibitors*** | | |
| KALBITOR | SP | PA |
| ORLADEYO | SP | PA |
| *Hematopoietic Agents* | | |
| *Agents For Gaucher Disease*** | | |
| CERDELGA | SP | PA |
| <i>miglustat</i> | SP | PA |
| YARGESA | SP | PA |
| *Amino Acids*** | | |
| <i>l-glutamine oral packet</i> | SP | PA |
| *Cxcr4 Receptor Antagonist*** | | |
| MOZOBIL | SP | PA; QL (9.6 ML per 4 days) |
| XOLREMDI | SP | PA; QL (120 EA per 30 days) |
| *Erythroid Maturation Agents*** | | |
| REBLOZYL | SP | PA |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| *Erythropoiesis-Stimulating Agents (Esas)*** | | |
| 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 |
| *Granulocyte Colony-Stimulating Factors (G-Csf)*** | | |
| NIVESTYM | SP | PA |
| ZIEXTENZO | SP | PA; QL (1.2 ML per 30 days) |
| *Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)*** | | |
| LEUKINE INJECTION SOLUTION RECONSTITUTED | SP | PA |
| *Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors*** | | |
| 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) |
| *Thrombopoietin (Tpo) Receptor Agonists*** | | |
| DOPTELET ORAL TABLET 20 MG | SP | PA; QL (15 EA per 5 days) |
| NPLATE | SP | PA |
| 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) |
| *Hypnotics/Sedatives/Sleep Disorder Agents* | | |
| *Selective Melatonin Receptor Agonists*** | | |
| HETLIOZ | SP | PA |
| HETLIOZ LQ | SP | PA |

| Drug | Status | Notes |
|---|--------|----------------------------|
| <i>tasimelteon</i> | SP | PA |
| *Miscellaneous Therapeutic Classes* | | |
| *Antileptotics*** | | |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | SP | PA |
| *B-Lymphocyte Stimulator (Blys)-Specific Inhibitors*** | | |
| BENLYSTA SUBCUTANEOUS | SP | PA; QL (4 ML per 28 days) |
| *Chelating Agents*** | | |
| <i>penicillamine oral</i> | SP | PA |
| *Farnesyltransferase Inhibitors*** | | |
| ZOKINVY | SP | PA |
| *Fecal Incontinence Bulking Agent - Combinations*** | | |
| SOLESTA | SP | PA |
| *Immunomodulators For Myelodysplastic Syndromes*** | | |
| <i>lenalidomide</i> | SP | PA |
| REVLIMID | SP | PA |
| *Monoclonal Antibodies*** | | |
| ENSPRYNG | SP | PA |
| *Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib*** | | |
| VIJOICE | SP | PA; QL (28 EA per 28 days) |
| *Rock Inhibitors*** | | |
| REZUROCK | SP | PA; QL (30 EA per 30 days) |
| *Mouth/Throat/Dental Agents* | | |
| *Protectants - Mouth/Throat*** | | |
| PROTHELIAL | SP | PA |
| *Musculoskeletal Therapy Agents* | | |
| *Retinoic Acid Receptor Gamma Selective Agonists*** | | |

| Drug | Status | Notes |
|---|--------|----------------------------|
| SOHONOS | SP | PA |
| *Viscosupplements*** | | |
| MONOVISC | SP | PA |
| ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | SP | PA |
| *Neuromuscular Agents* | | |
| *Friedrich's Ataxia Agents - Nrf2 Pathway Activators*** | | |
| SKYCLARYS | SP | PA; QL (90 EA per 30 days) |
| *Neuromuscular Blocking Agent - Neurotoxins*** | | |
| 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) |
| *Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs*** | | |
| DAYBUE | SP | PA |
| *Spinal Muscular Atrophy-Smn2 Splicing Modifiers*** | | |
| EVRYSDI | SP | PA |
| *Nutrients* | | |
| *Lipids*** | | |
| DOJOLVI | SP | PA |
| *Ophthalmic Agents* | | |

| Drug | Status | Notes |
|--|--------|-----------------------------|
| *Ophthalmic Nerve Growth Factors*** | | |
| OXERVATE | SP | PA |
| *Ophthalmics - Cystinosis Agents** | | |
| CYSTARAN | SP | PA; QL (60 ML per 30 days) |
| *Vascular Endothelial Growth Factor (Vegf) Antagonists*** | | |
| 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, 2.75 mg/0.11ml, 3.25 mg/0.13ml</i> | SP | PA |
| EYLEA INTRAVITREAL | SP | PA |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE | SP | PA |
| *Passive Immunizing And Treatment Agents* | | |
| *Antiviral Monoclonal Antibodies*** | | |
| BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML | SP | QL (1 ML per 365 days) |
| BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | SP | QL (0.5 ML per 365 days) |
| 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) |
| *Immune Serums*** | | |
| CUVITRU | SP | PA |
| CYTOGAM INTRAVENOUS SOLUTION | SP | PA |
| GAMASTAN | SP | PA |
| GAMMAGARD | SP | PA |
| GAMUNEX-C | SP | PA |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| 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 |
| 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 |
| *Passive Immunizing Agents - Combinations*** | | |
| HYQVIA | SP | PA |
| *Psychotherapeutic And Neurological Agents - Misc.* | | |
| *Anti-Cataplectic Agents*** | | |
| LUMRYZ | SP | PA |
| LUMRYZ STARTER PACK | SP | PA |
| <i>sodium oxybate</i> | SP | PA; QL (540 ML per 30 days) |
| XYREM | SP | PA; QL (540 ML per 30 days) |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| *Anti-Cataplectic Combinations*** | | |
| XYWAV | SP | PA; QL (540 ML per 30 days) |
| *Movement Disorder Drug Therapy*** | | |
| 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 ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG | SP | PA; QL (28 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) |
| *Ms Agents - Pyrimidine Synthesis Inhibitors*** | | |
| <i>teriflunomide</i> | SP | PA |
| *Multiple Sclerosis Agents - Antimetabolites*** | | |
| 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) |
| *Multiple Sclerosis Agents - Interferons*** | | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | SP | PA; QL (1 EA per 28 days) |

| Drug | Status | Notes |
|---|--------|----------------------------|
| 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 INTRAMUSCULAR | SP | PA; QL (1 ML per 28 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | SP | PA; QL (1 ML per 365 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | SP | PA; QL (1 ML per 365 days) |
| PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | SP | PA; QL (1 ML per 28 days) |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | SP | PA; QL (1 ML per 28 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) |
| *Multiple Sclerosis Agents - Monoclonal Antibodies*** | | |
| KESIMPTA | SP | PA |
| *Multiple Sclerosis Agents - Nrf2 Pathway Activators*** | | |
| BAFIERTAM | SP | PA |
| <i>dimethyl fumarate oral</i> | SP | PA; QL (60 EA per 30 days) |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| <i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i> | SP | PA; QL (60 EA per 999 days) |
| VUMERITY | SP | PA |
| *Multiple Sclerosis Agents - Potassium Channel Blockers*** | | |
| <i>dalfampridine er</i> | SP | PA |
| *Multiple Sclerosis Agents*** | | |
| <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) |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | SP | PA; QL (30 ML per 30 days) |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | SP | PA; QL (12 ML per 28 days) |
| *Small Interfering Ribonucleic Acid (Sirna) Agents*** | | |
| AMVUTTRA | SP | PA; QL (0.5 ML per 90 days) |
| *Sphingosine 1-Phosphate (S1p) Receptor Modulators*** | | |
| <i>fingolimod hcl</i> | SP | PA; QL (30 EA per 30 days) |
| MAYZENT | SP | PA; QL (30 EA per 30 days) |
| MAYZENT STARTER PACK | SP | PA |
| PONVORY | SP | PA |
| PONVORY STARTER PACK | SP | PA |
| ZEPOSIA | SP | PA |
| ZEPOSIA 7-DAY STARTER PACK | SP | PA |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) | SP | PA |

Respiratory Agents - Misc.

| Drug | Status | Notes |
|---|--------|-----------------------------|
| *Cftr Potentiators*** | | |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG | SP | PA |
| KALYDECO ORAL PACKET 5.8 MG, 50 MG, 75 MG | SP | PA; QL (56 EA per 28 days) |
| KALYDECO ORAL TABLET | SP | PA; QL (60 EA per 30 days) |
| *Cystic Fibrosis Agent - Combinations*** | | |
| ORKAMBI ORAL PACKET | SP | PA; QL (56 EA per 28 days) |
| ORKAMBI ORAL TABLET | SP | PA; QL (112 EA per 28 days) |
| SYMDEKO | SP | PA; QL (56 EA per 28 days) |
| TRIKAFTA | SP | PA; QL (84 EA per 28 days) |
| *Cystic Fibrosis Agents - Miscellaneous*** | | |
| BRONCHITOL | SP | PA |
| BRONCHITOL TOLERANCE TEST | SP | PA |
| *Hydrolytic Enzymes*** | | |

| Drug | Status | Notes |
|--|--------|----------------------------|
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | SP | PA; QL (75 ML per 30 days) |
| *Pulmonary Fibrosis Agents - Kinase Inhibitors*** | | |
| OFEV | SP | PA; QL (60 EA per 30 days) |
| *Pulmonary Fibrosis Agents*** | | |
| <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) |
| *Tetracyclines* | | |
| *Aminomethylcyclines*** | | |
| NUZYRA ORAL TABLET 150 MG | SP | PA |
| *Vasopressors* | | |
| *Neurogenic Orthostatic Hypotension (Noh) - Agents*** | | |
| <i>droxidopa</i> | SP | PA |