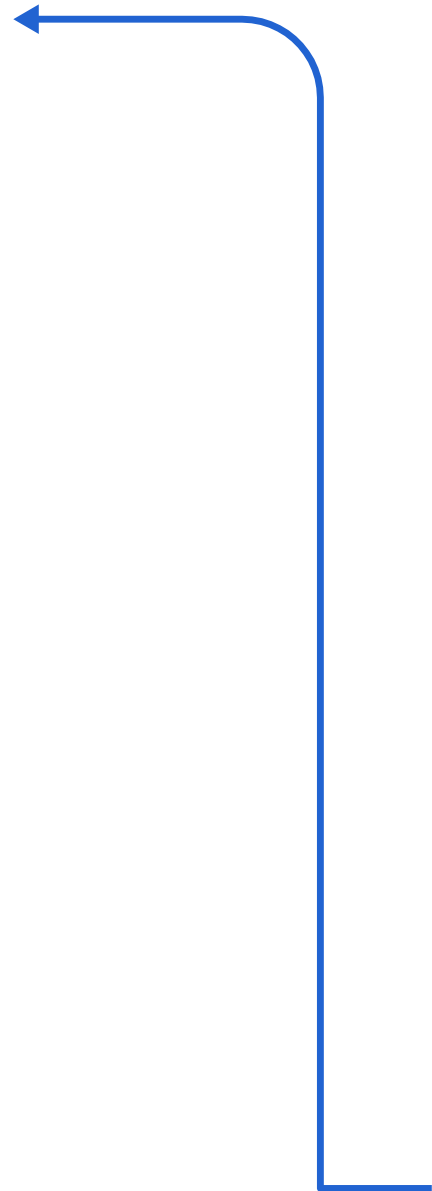




# Specialty Drug List.

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<sup>®</sup> and Google Play<sup>™</sup> store.

















Drug	Status	Notes
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)

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)
<b>*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***</b>		
CIBINQO	SP	PA
<b>*Atopic Dermatitis - Monoclonal Antibodies***</b>		
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)
<b>*Glabellar Lines (Frown Lines) Agents***</b>		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT	SP	PA; QL (4 EA per 84 days)

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

Drug	Status	Notes
<b>EGRIFTA SV</b>	SP	PA; QL (60 EA per 30 days)
<b>*Growth Hormones***</b>		
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE</b>	SP	PA
<b>GENOTROPIN SUBCUTANEOUS CARTRIDGE</b>	SP	PA
<b>NGENLA</b>	SP	PA
<b>OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE</b>	SP	PA
<b>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	SP	PA
<b>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG</b>	SP	PA
<b>*Hereditary Orotic Aciduria Treatment - Agents**</b>		
<b>XURIDEN</b>	SP	PA
<b>*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***</b>		
<i>nitisinone</i>	SP	PA
<b>NITYR</b>	SP	PA
<b>ORFADIN ORAL CAPSULE 20 MG</b>	SP	PA
<b>ORFADIN ORAL SUSPENSION</b>	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>		
<b>STRENSIQ</b>	SP	PA
<b>*Insulin-Like Growth Factors (Somatomedins)***</b>		
<b>INCRELEX</b>	SP	PA

Drug	Status	Notes
<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 SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP	PA
<b>*Parathyroid Hormone And Derivatives***</b>		
<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)
<b>*Phenylketonuria Treatment - Agents***</b>		
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
<b>*Rank Ligand (Rankl) Inhibitors***</b>		
XGEVA	SP	PA; QL (1.7 ML per 28 days)
<b>*Selective Vasopressin V2-Receptor Antagonists***</b>		
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)
<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
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)
<b>*Urea Cycle Disorder - Agents***</b>		

Drug	Status	Notes
RAVICTI	SP	PA; QL (525 ML per 30 days)
<b>*X-Linked Hypophosphatemia (Xlh) Treatment - Agents***</b>		
CRYSVITA	SP	PA; QL (90 ML per 28 days)
<b>*Gastrointestinal Agents - Misc.*</b>		
<b>*Bile Acid Synthesis Disorder Agents***</b>		
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>*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***</b>		
REZDIFFRA	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 INTRAVENOUS	SP	PA
ENTYVIO PEN	SP	PA
<b>*Interleukin Antagonists***</b>		
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
<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
<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>*Aminolevulinatase Synthase 1-Directed Sirna***</b>		
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

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
<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)

Drug	Status	Notes
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
<b>*Complement Factor B Inhibitors***</b>		
FABHALTA	SP	PA
<b>*Complement Factor D Inhibitors***</b>		
VOYDEYA ORAL TABLET	SP	PA; QL (180 EA per 30 days)
VOYDEYA ORAL TABLET THERAPY PACK	SP	PA
<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>*Hematopoietic Agents*</b>		
<b>*Agents For Gaucher Disease***</b>		
CERDELGA	SP	PA
<i>miglustat</i>	SP	PA
YARGESA	SP	PA
<b>*Amino Acids***</b>		
<i>l-glutamine oral packet</i>	SP	PA
<b>*Cxcr4 Receptor Antagonist***</b>		
MOZOBIL	SP	PA; QL (9.6 ML per 4 days)
XOLREMDI	SP	PA; QL (120 EA per 30 days)
<b>*Erythroid Maturation Agents***</b>		
REBLOZYL	SP	PA

Drug	Status	Notes
<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
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

Drug	Status	Notes
<i>tasimelteon</i>	SP	PA
<b>*Miscellaneous Therapeutic Classes*</b>		
<b>*Antileptics***</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>		

Drug	Status	Notes
SOHONOS	SP	PA
<b>*Viscosupplements***</b>		
MONOVISC	SP	PA
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	SP	PA
<b>*Neuromuscular Agents*</b>		
<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>		

Drug	Status	Notes
<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>		
BEVU 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
<b>*Passive Immunizing And Treatment Agents*</b>		
<b>*Antiviral Monoclonal Antibodies***</b>		
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)
<b>*Immune Serums***</b>		
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
<b>*Passive Immunizing Agents - Combinations***</b>		
HYQVIA	SP	PA
<b>*Psychotherapeutic And Neurological Agents - Misc.*</b>		
<b>*Anti-Cataleptic Agents***</b>		
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
<b>*Anti-Cataleptic Combinations***</b>		
XYWAV	SP	PA; QL (540 ML per 30 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 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)
<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)

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)
<b>*Multiple Sclerosis Agents - Monoclonal Antibodies***</b>		
KESIMPTA	SP	PA
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</b>		
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
<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)
GLATOPIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	SP	PA; QL (30 ML per 30 days)
GLATOPIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	SP	PA; QL (12 ML per 28 days)
<b>*Small Interfering Ribonucleic Acid (Sirna) Agents***</b>		
AMVUTTRA	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)
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
<b>*Cftr Potentiators***</b>		
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)
<b>*Cystic Fibrosis Agent - Combinations***</b>		
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)
<b>*Cystic Fibrosis Agents - Miscellaneous***</b>		
BRONCHITOL	SP	PA
BRONCHITOL TOLERANCE TEST	SP	PA
<b>*Hydrolytic Enzymes***</b>		

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