

Specialty Drug List 2021

A

abacavir-lamivudine^{QL} (EPIZICOM)
abacavir-lamivudine-zidovudine^{QL} (TRIZIVIR)
abacavir^{QL} (ZIAGEN)
abiraterone 250 mg^{PA QL} (ZYTIGA)
 ACTEMRA^{† PA}
 ACTIMMUNE[†]
 ADAGEN^{† PA}
 ADAKVEO^{† PA}
 ADCETRIS^{† PA}
adefovir^{PA QL} (HEPSERA)
 ADEMPAS^{† PA QL}
 ADVATE[†]
 ADYNOVATE[†]
 AFINITOR^{† PA QL}
 AFSTYLA[†]
 AIMOVIC^{PA QL}
 AJOVY^{PA QL}
 ALDURAZYME^{† PA}
 ALECENSA^{† PA QL}
 ALFERON N[†]
 ALIMTA[†]
 ALIQOPA^{† PA QL}
 ALPHANATE/VON WILLEBRAND[†]
 ALPHANINE SD[†]
 ALPROLIX[†]
 ALUNBRIC^{† PA QL}
ambrisentan^{† PA} (LETAIRIS)
amifostine (ETHYOL)
 AMVISC^{PA}
 ANDEXXA[†]
 APOKYN^{† PA QL}
 APTIVUS^{QL}
 ARALAST NP^{† PA}
 ARANES^{PA}
 ARCALYST^{† PA}
 ARIKAYCE^{† PA QL}
 ARRANON[†]

arsenic trioxide (TRISENOX)

ARZERRA^{† PA}
atazanavir^{QL} (REYATAZ)
 ATRIPLA^{QL}
 AUBAGIO^{PA QL}
 AUSTEDO^{† PA QL}
 AVASTIN^{† PA}
 AVONEX^{† PA QL}
 AVSOLA^{PA}
 AYVAKIT^{† PA QL}
azacitidine^{PA} (Vidaza)
 AZEDRA[†]

B

BAFIERTAM^{PA QL}
 BALVERSA^{† PA QL}
 BARACLUDE Soln^{PA QL}
 BAVENCIO^{† PA}
 BEBULIN[†]
 BELEODAQ[†]
 BENDEKA^{† PA}
 BENEFIX[†]
 BENLYSTA^{† PA}
 BEOVU^{PA QL}
 BEVACIZUMAB^{PA QL}
 BERINERT^{† PA}
 BESPONSA^{PA QL}
 BETASERON^{PA QL}
 BETHKIS^{† PA QL}
bexarotene^{PA} (TARGRETIN)
 BIKTARVY^{QL}
 BIVIGAM^{† PA}
 BLENREP^{† PA}
bleomycin (BLEO)
 BLINCYTO^{† PA}
bosentan^{† PA} (TRACLEER)
 BOSULIF^{† PA QL}
 BOTOX^{PA}

BRAFTOVI^{† PA QL}

BRAVELLE[†]
 BRIDION^{PA}
 BRINEURA^{PA QL}
 BRUKINSA^{PA QL}
busulfan (BUSULFEX)
 BYNFEZIA^{† PA}

C

CABLIVI^{† PA QL}
 CABOMETYX^{† PA QL}
 CALQUENCE^{† PA QL}
 CAMPATH^{† PA}
capecitabine^{PA} (XELODA)
 CAPRELSA^{† PA QL}
 CARBAGLU^{† PA}
carboplatin
 CARIMUNE NF^{PA}
carmustine (BICNU)
 CAYSTON^{† PA QL}
 CEPROTIN[†]
 CERDELGA^{† PA QL}
 CEREZYME^{† PA}
 CETROTIDE^{PA}
 CHENODAL[†]
 CHOLBAM^{† PA}
 CHORIONIC GONADOTROPIN
 CIMDUO^{QL}
 CIMZIA^{PA QL}
cinacalcet^{PA} (SENSIPAR)
 CINQAIR^{† PA}
 CINRYZE^{† PA}
cisplatin
cladribine
clofarabine (CLOLAR)
clonidine injectable (DURACLON)
 COAGADEX[†]
colistimethate (COLY-MYCIN M)

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES. (Continued)

COMETRIQ^{† PA QL}
 COMPLERA^{QL}
 COPIKTRA^{† PA QL}
 CORIFACT[†]
 COSENTYX^{† PA}
 COTELLIC^{† PA QL}
 CRIXIVAN^{QL}
 CRYSVITA^{† PA}
 CUPRIMINE^{PA}
 CUTAQUIG^{† PA}
 CUVITRU^{† PA}

cyclophosphamide

CYRAMZA^{† PA}
 CYSTAGON^{† PA}
 CYSTARAN^{† PA QL}
cytarabine (DEPOCYT)
 CYTOGAM

D

dacarbazine
dactinomycin (COSMEGEN)
 DAKLINZA^{PA QL}
dalfampridine ER^{† PA QL} (AMPYRA)
 DARZALEX^{† PA}
daunorubicin
 DAURISMO^{† PA QL}
 DAYVIGO^{PA QL}
decitabine^{† PA} (DACOGEN)
deferasirox^{PA} (EXJADE)
deferoxamine^{PA} (DESFERAL)
 DEFITELIO^{PA}
 DELSTRIGO^{QL}
 DESCOVY^{QL}
 DEXTENZA^{PA}
 DEXYCU^{PA QL}
 DIACOMIT^{† PA QL}
didanosine^{QL} (VIDEX, VIDEX EC)
dimethyl fumarate (TECFIDERA)
docetaxel (DOCEFREZ, TAXOTERE)
dofetilide (TIKOSYN)

DOJOLVI^{† PA}
 DOPTLET^{† PA QL}
 DOVATO^{PA QL}
doxorubicin (ADRIAMYCIN)
doxorubicin liposomal (DOXIL)
 DUOPA[†]
 DUPIXENT^{† PA QL}
 DURLOANE^{PA QL}
 DYSPORT^{† PA}

E

EDURANT^{QL}
efavirenz^{QL} (SUSTIVA)
efavirenz-lamivudine-tenofovir (SYMFI)
efavirenz-lamivudine-tenofovir (SYMFI LO)
 EGRIFTA^{† PA QL}
 ELAPRASE^{† PA}
 ELELYSO^{† PA}
 ELIGARD^{PA QL}
 ELOCTATE[†]
 ELZONRIS^{PA}
 EMCYT
 EMFLAZA^{† PA}
 EMGALITY^{PA QL}
 EMLPLICIT^{† PA}
 EMTRIVA^{QL}
 ENBREL^{PA QL}
 ENDARI^{† PA QL}
 ENHERTU^{† PA}
 ENSPRYNG^{PA QL}
entecavir^{PA QL} (BARACLUDE)
 ENTYVIO^{† PA QL}
 EPCLUSA^{PA QL}
 EPIDIOLEX^{† PA}
epirubicin (ELLENC)
 EPOGEN^{PA}
epoprosteno^{† PA} (FLOLAN, VELETTRI)
 ERBITUX^{PA}
 ERIVEDGE^{† PA QL}
 ERLEADA^{† PA QL}
erlotinib^{PA QL} (TARCEVA)

ERWINAZE[†]
 ESBRIET^{† PA}
 ESPEROCT
etoposide (ETOPOPHOS)
 EUFLEXXA^{PA QL}
 EVENITY^{PA QL}
 EVOMELA^{† PA}
 EVOTAZ^{QL}
 EVRYSDI^{† PA QL}
 EXJADE^{† PA}
 EXONDYS 51^{† PA}
 EXTAVIA^{PA QL}
 EYLEA^{† PA}

F

FABRAZYME^{† PA}
 FARYDAK^{† PA QL}
 FASENRA^{† PA}
 FASLODEX
 FEIBA[†]
 FERRIPROX^{† PA}
 FINTEPLA^{† PA QL}
 FIRAZYR^{† PA}
 FIRMAGON^{PA QL}
 FLEBOGAMMA^{† PA}
floxuridine
fludarabine
fluorouracil (ADRUCIL)
 FOLLISTIM AQ
 FOLOTYN
 FORTEO^{PA QL}
fosamprenavir^{QL} (LEXIVA)
 FULPHILA^{PA QL}
fulvestrant (FASLODEX)
 FUZEON^{PA QL}

G

GABLOFEN
 GALAFOLD^{† PA QL}
 GAMASTAN S/D^{† PA}

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES. (Continued)

GAMIFANT^{PA}
 GAMMAGARD LIQUID^{PA}
 GAMMAGARD S/D^{PA}
 GAMMAKED^{PA}
 GAMMAPLEX^{PA}
 GAMUNEX C^{PA}
ganirelix acetate^{PA}
 GATTEX^{PA}
 GAZYVA^{PA}
 GEL-ONE^{PA QL}
 GELSYN-3^{PA QL}
gemcitabine (GEMZAR)
 GENOTROPIN^{PA}
 GENVISC 850^{PA QL}
 GENVOYA^{QL}
 GILENYA^{PA QL}
 GILOTRIF^{PA QL}
 GIVLAARI^{PA}
 GLASSIA^{PA}
glatiramer acetate^{PA QL} (COPAXONE)
 GLEOSTINE^{PA QL}
 GLIADEL WAFER
 GONAL-F, GONAL-F RFF
 GRANIX^{PA}

H

H.P. ACTHAR GEL^{PA}
 HAEGARDA^{PA}
 HALAVEN^{PA}
 HARVONI^{PA QL}
 HCG
 HEALON^{PA}
 HELIXATE FS^{PA}
 HEMLIBRA^{PA}
 HEMOFIL M^{PA}
 HERCEPTIN^{PA}
 HERCEPTIN HYLECTA^{PA}
 HERZUMA^{PA}
 HETLIOZ^{PA QL}
 HIZENTRA^{PA}

HUMATE-P^{PA}
 HUMATROPE^{PA}
 HUMIRA^{PA}
 HYALGAN^{PA QL}
 HYCAMTIN^{PA}
hydroxyprogesterone caproate
 HYMOVIS^{PA QL}
 HYPERRHO S/D
 HYQVIA^{PA}

I

IBRANCE^{PA QL}
icatibant acetate^{PA} (FIRAZYR)
 ICLUSIG^{PA QL}
idarubicin (IDAMYCIN)
 IDELVION^{PA}
 IDHIFA^{PA QL}
ifosfamide (IFEX)
 ILARIS^{PA}
 ILUMYA^{PA QL}
 ILUVIEN^{PA}
imatinib mesylate^{PA QL} (GLEEVEC)
 IMBRUVICA^{PA QL}
 IMFINZI^{PA}
 IMLYGIC^{PA}
 IMPAVIDO^{PA QL}
 INBRIJA^{PA QL}
 INCRELEX^{PA}
 INFLECTRA^{PA}
 INFUGEM
 INGREZZA^{PA QL}
 INLYTA^{PA QL}
 INQOVI^{PA QL}
 INREBIC^{PA QL}
 INTELENCE^{QL}
intravenous ibandronate^{PA QL} (BONIVA)
 INTRON-A^{PA}
 INVIRASE^{QL}
 IRESSA^{PA QL}
irinotecan (CAMPTOSAR)

ISENTRESS^{QL}
 ISENTRESS HD^{QL}
 ISTODAX^{PA}
 ISTURISA^{PA QL}
 IXEMPRA
 IXINITY^{PA}

J

JADENU^{PA}
 JAKAFI^{PA QL}
 JELMYTO^{PA}
 JETREA^{QL}
 JEVTANA^{PA}
 JIVI^{PA}
 JULUCA^{QL}
 JUXTAPID^{PA QL}
 JYNARQUE^{PA}

K

KADCYLA^{PA}
 KALBITOR^{PA}
 KALETRA^{QL}
 KALYDECO^{PA QL}
 KANJINTI^{PA}
 KANUMA^{PA}
 KCENTRA^{PA}
 KEPIVANCE
 KESIMPTA^{PA QL}
 KEVEYIS^{PA QL}
 KEVZARA^{PA QL}
 KEYTRUDA^{PA}
 KHAPZORY
 KINERET^{PA}
 KISQALI^{PA QL}
 KISQALI FEMARA CO-PACK^{PA QL}
 KITABIS PAK^{PA QL}
 KOATE^{PA}
 KOATE-DVI^{PA}
 KOGENATE FS^{PA}
 KORLYM^{PA QL}

KOSELUGO^{† PA QL}
 KOVALTRY[†]
 KRYSTEXXA^{† PA}
 KUVAN^{† PA}
 KYMRIA^{† PA QL}
 KYNAMRO^{† PA QL}
 KYPROLIS^{† PA}

L

lamivudine^{QL} (EPIVIR HBV)
lamivudine^{QL} (EPIVIR)
lamivudine-zidovudine^{QL} (COMBIVIR)
 LARTRUVO^{† PA}
 LEMTRADA^{† PA QL}
 LENVIMA^{† PA QL}
 LEUKINE^{PA QL}
leuprolide acetate^{PA} (LUPRON)
levoleucovorin (FUSILEV)
 LEXIVA^{QL}
 LIBTAYO^{† PA QL}
 LIORESAL INTRATHECAL
 LONSURF^{† PA}
lopinavir-ritonavir soln^{QL} (KALETRA)
 LORBRENA^{† PA QL}
 LUCENTIS^{† PA}
 LUMIZYME^{† PA}
 LUMOXITI^{† PA QL}
 LUPANETA PACK^{PA QL}
 LUPRON DEPOT^{PA QL}
 LUXTURNA^{† PA QL}
 LYNPARZA^{† PA QL}
 LYSODREN^{PA QL}

M

MACRILEN^{† PA QL}
 MACUGEN^{† PA QL}
 MAKENA^{† PA QL}
 MATULANE^{† PA}
 MAVENCLAD^{† PA QL}
 MAVYRET^{PA QL}
 MAYZENT^{† PA QL}

MEKINIST^{† PA QL}
 MEKTOVI^{† PA QL}
melfalan^{PA} (ALKERAN)
 MENOPUR
 MEPSEVII^{† PA}
mesna (MESNEX)
 MICRHOGAM
miglustat^{† PA QL} (ZAVESCA)
 MIRCERA^{PA}
 MITOMYCIN
mitoxantrone^{PA} (NOVANTRONE)
 MONJUVI^{† PA}
 MONOCLATE-P[†]
 MONONINE[†]
 MONOVISC^{PA QL}
 MOZOBIL^{† PA QL}
 MULPLETA^{PA QL}
 MUSTARGEN
 MVASI^{† PA QL}
 MYALEPT^{† PA}
 MYCAPSSA^{† PA QL}
 MYLERAN^{PA}
 MYLOTARG^{† PA}
 MYOBLOC^{PA}

N

NAGLAZYME^{† PA}
 NATPARA^{† PA QL}
 NERLYNX^{† PA QL}
 NEULASTA^{PA QL}
 NEUPOGEN^{PA}
nevirapine^{QL} (VIRAMUNE, VIRAMUNE XR)
 NEXAVAR^{† PA QL}
 NINLARO^{† PA QL}
nitisinone (ORFADIN)
 NITYR^{† PA}
 NIVESTYM^{PA}
 NORDITROPIN^{PA}
 NORTHERA^{† PA QL}
 NOVAREL

NOVOEIGHT[†]
 NOVOSEVEN RT[†]
 NPLATE^{† PA}
 NUBEQA^{† PA QL}
 NUCALA^{† PA}
 NULOJIX[†]
 NUPLAZID^{† PA QL}
 NURTEC ODT^{PA QL}
 NUTROPIN AQ^{PA}
 NUTROPIN NUSPIN^{PA}
 NUWIQ[†]

O

OBIZUR[†]
 OCALIVA^{† PA QL}
 OCREVUS^{† PA QL}
 OCTAGAN^{PA}
octreotide^{PA} (SANDOSTATIN)
 ODEFSEY^{QL}
 ODOMZO^{† PA QL}
 OFEV^{† PA QL}
 OGIVRI^{PA}
 OLUMIANT^{PA QL}
 OLYSIO^{PA QL}
 OMNITROPE^{PA}
 ONCASPAR[†]
 ONIVYDE[†]
 ONPATTRO^{† PA QL}
 ONTRUZANT^{PA}
 OPDIVO^{† PA}
 OPSUMIT^{† PA QL}
 ORENCIA^{PA QL}
 ORENITRAM^{† PA QL}
 ORFADIN^{† PA}
 ORIAHNN^{PA QL}
 ORLISSA^{PA QL}
 ORKAMBIF^{† PA QL}
 ORTHOVISC^{PA QL}
 OTEZLA^{† PA QL}
 OTREXUP^{PA QL}

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES. (Continued)

OVIDREL^{PA}
oxaliplatin
 OXBRYTA^{* PA QL}
 OXERVATE^{* PA QL}
 OZURDEX^{† QL}

P

paclitaxel (ABRAXANE)
 PADCEV^{PA}
 PALFORZIA^{* PA QL}
 PALYNZIQ^{‡ PA}
pamidronate (AREDIA)
 PANZYGA^{PA}
 PARAGARD^{*}
 PARSABIV^{‡ PA}
 PEGASYS^{PA QL}
 PEG-INTRON^{PA QL}
 PEMAZYRE^{* PA QL}
penicillamine (CUPRIMINE)
 PERJETA^{‡ PA}
 PHESGO^{PA}
 PHOTOFRIN^{PA}
 PHOTREXA^{*}
 PIFELTRO^{QL}
 PIQRAY^{‡ PA QL}
 PLEGRIDY^{‡ PA QL}
 POLIVY^{‡ PA}
 POMALYST^{‡ PA QL}
 PORTRAZZA^{* PA}
 POTELIGEO^{‡ PA}
 PRALUENT^{‡ PA QL}
 PREGNYL
 PREVYMIS^{PA QL}
 PREZCOBIX^{QL}
 PREZISTA^{QL}
 PRIALT
 PRIVIGEN^{PA}
 PROBUPHINE Implant^{* PA QL}
 PROCRT^{PA}
 PROCYSBI^{* PA}
 PROFILNINE SD^{*}

PROLASTIN-C^{‡ PA}
 PROLEUKIN
 PROLIA^{PA QL}
 PROMACTA^{‡ PA QL}
 PROVENGE^{* PA}
 PROVISC^{PA}
 PULMOZYME^{‡ PA QL}
 PURIXAN[‡]

Q

QINLOCK^{* PA QL}

R

RADICAVA^{* PA}
 RASUVO^{PA QL}
 RAVICTI^{‡ PA QL}
 REBETOL Soln^{PA QL}
 REBIF^{PA QL}
 REBINYN[‡]
 REBLOZYL
 RECOMBINATE^{*}
 REMICADE^{PA}
 RENFLEXIS^{‡ PA}
 REPATHA^{PA QL}
 RESCRIPTOR^{QL}
 RETACRIT^{PA}
 RETEVMO^{* PA QL}
 RETISERT^{‡ PA}
 RETROVIR INJ^{QL}
 REVCOVI^{* PA}
 REVLIMID^{‡ PA QL}
 RHOGAM
 RHOPHYLIC
 RIASTAP[‡]
 RIBAPAK^{PA QL}
 RIBASPHERE^{PA QL}
 RIBATAB^{PA QL}
ribavirin caps^{PA QL} (REBETOL)
ribavirin tabs^{PA QL} (COPEGUS, MODERIBA)
riluzole^{‡ PA QL} (RILUTEK)
 RINVOQ^{PA QL}

ritonavir^{QL} (NORVIR)
 RITUXAN^{‡ PA}
 RITUXAN HYCLEA^{‡ PA}
 RIXUBIS^{*}
 ROZYLTRK^{‡ PA QL}
 RUBRACA^{‡ PA QL}
 RUCONEST^{‡ PA}
 RUKOBIA^{PA QL}
 RUXIENCE^{PA}
 RUZURGI^{* PA QL}
 RYDAPT^{PA QL}

S

SABRIL^{‡ PA QL}
 SAIZEN^{PA}
 SANDOSTATIN LAR^{PA QL}
 SARCLISSA^{* PA}
 SCENESSE^{* PA QL}
 SELZENTRY^{QL}
 SEROSTIM^{‡ PA}
 SIGNIFOR^{PA QL}
 SIGNIFOR LAR^{PA QL}
sildenafil citrate^{PA QL} (REVATIO)
 SILIQ^{‡ PA QL}
 SIMPONI^{PA}
 SIMPONI ARIA^{PA}
 SINUVA^{* PA QL}
 SKYRIZI^{PA QL}
sodium phenylbutrate^{‡ PA} (BUPHENYL)
 SOLESTA^{‡ PA}
 SOLIRIS^{‡ PA}
 SOLVALDI^{PA QL}
 SOMATULINE DEPOT^{‡ PA QL}
 SOMAVERT^{‡ PA}
 SPINRAZA^{* PA}
 SPRAVATO^{* PA QL}
 SPRYCEL^{PA QL}
stavudine^{QL} (ZERIT)
 STELARA^{PA QL}
 STIMATE

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES. (Continued)

STIVARGA^{† PA QL}
 STRENSIQ^{† PA}
 STRIBILD^{QL}
 SUBLOCADE^{† PA QL}
 SUPARTZ^{PA QL}
 SUPPRELIN LA^{† PA QL}
 SUTENT^{† PA QL}
 SYLATRON^{† PA}
 SYLVANT^{† PA}
 SYMDEKO^{† PA QL}
 SYMTUZA^{QL}
 SYNAGIS^{† PA QL}
 SYNAREL^{PA}
 SYNTRIBO^{PA}
 SYNVISC^{PA QL}
 SYNVISC ONE^{PA QL}

T

TABLOID[†]
 TABRECTA^{PA QL}
tadalafil^{PA QL} (ADCIRCA)
 TAFINLAR^{† PA QL}
 TAGRISSO^{† PA QL}
 TAKHZYRO^{† PA QL}
 TALTZ^{† PA QL}
 TALZENNA^{* PA QL}
 TARCEVA^{† PA QL}
 TARGRETIN^{PA}
 TASIGNA^{PA QL}
 TAVALISSE^{† PA QL}
 TAZVERIK^{† PA QL}
 TECARTUS^{† PA}
 TECENTRIQ^{† PA QL}
 TECFIDERA^{† PA QL}
 TEMODAR
temozolomide^{PA} (TEMODAR)
 temsirolimus^{PA}
 TENIPOSIDE
tenofovir DF^{QL} (VIREAD)
 TEPEZZA^{† PA QL}
 TERIPARATIDE^{PA QL}

tetrabenazine^{† PA QL} (XENAZINE)
 THALOMID^{† PA}
 THERACYS
 THIOLA^{† PA}
 THIOLA EC^{† PA}
thiotepa (TEPADINA)
 Thrombate III
 THYROGEN^{† PA}
 TIBSOVO^{† PA QL}
 TICE BCG
 TIGLUTIK^{† PA QL}
 TIVICAY^{QL}
 TOBI PODHALER^{† PA QL}
tobramycin nebulizer^{† PA QL} (TOBI NEBULIZER)
tolvaptan (SAMSCA)^{PA QL}
topotecan[†] (HYCAMTIN)
 TORISEL^{PA}
 TRAZIMERA^{PA}
 TREANDA
 TRELSTAR^{PA QL}
 TREMFYA^{PA QL}
treprostinil[†] (REMODULIN)
 TRETEN[†]
trientine^{PA QL} (SYPRINE)
 TRIKAFTA^{† PA QL}
 TRIPTODUR^{† PA QL}
 TRISENOX
 TRIUMEQ^{QL}
 TRODELVY^{PA}
 TROGARZO^{† PA QL}
 TRUVADA^{QL}
 TRUXIMA
 TUKYSA^{† PA QL}
 TURALIO^{PA QL}
 TYBOST^{QL}
 TYKERB^{† PA}
 TYMLOS^{PA QL}
 TYSABRI^{† PA QL}
 TYVASO^{† PA}
 TYZEKA^{PA QL}

U

UBRELVY^{PA QL}
 UDENYCA^{PA}
 ULTOMIRIS^{PA QL}
 UNITUXIN
 UPLIZNA^{† PA QL}
 UPTRAVI^{† PA QL}
 UVADEX

V

VALCHLOR^{† PA}
valrubicin (VALSTAR)
 VANTAS^{PA QL}
 VECTIBIX^{PA}
 VELCADE^{PA}
 VEMLIDY^{PA QL}
 VENCLEXTA^{† PA QL}
 VENTAVIS^{† PA QL}
 VERZENIO^{† PA QL}
 VIDEX SOLUTION^{QL}
 VIEKIRA PAK^{PA QL}
vigabatrin pak^{† PA QL} (SABRIL)
vigadrone^{† PA QL} (SABRIL)
 VILTEPSO^{† PA}
 VIMIZIM^{† PA}
vinblastine
vincristine (MARQIBO, VINCASAR)
vinorelbine (NAVELBINE)
 VIRACEPT^{QL}
 VIRAZOLE^{PA}
 VISCO-3^{PA QL}
 VISTOGARD^{† PA QL}
 VISUDYNE^{† PA}
 VITRAKVI^{† PA QL}
 VIVITROL^{PA}
 VIZIMPRO^{† PA QL}
 VONVENDI[†]
 VOSEVI^{PA QL}
 VOTRIENT^{† PA QL}
 VPRIV^{† PA}

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES. (Continued)

VUMERITY^{PA QL}
 VYEPTI^{PA QL}
 VYLEESI^{* PA QL}
 VYNDAMAX^{PA QL}
 VYNDAQEL^{PA QL}
 VYONDYS 53^{PA}
 VYXEOS^{PA}

W

WAKIX^{PA QL}
 WILATE^{*}
 WINRHO SDF

X

XALKOR^{‡ PA QL}
 XELJANZ, XELJANZ XR^{PA QL}
 XEMBIFY^{PA}
 XENLETA^{PA QL}
 XEOMIN^{‡ PA}
 XERAVA^{PA QL}
 XERMELO^{‡ PA QL}
 XGEVA^{PA}
 XIAFLEX^{‡ PA}
 XOFIGO^{PA QL}

XOLAIR^{‡ PA}
 XOSPATA^{‡ PA QL}
 XPOVIO^{PA QL}
 XTANDI^{‡ PA QL}
 XURIDEN^{PA QL}
 XYNTHA^{*}
 XYREM^{‡ PA QL}

Y

YERVOY^{‡ PA}
 YESCARTA^{PA}
 YONDELIS^{‡ PA}
 YONSA^{‡ PA QL}
 YUTIQ^{PA}

Z

ZALTRAP^{‡ PA}
 ZANOSAR
 ZARXIO^{PA}
 ZEJULA^{‡ PA QL}
 ZELBORAF^{‡ PA QL}
 ZEMAIRA^{‡ PA}
 ZEMDRI^{PA QL}
 ZEPATIER^{PA QL}

ZEPOSIA^{PA QL}
 ZEPZELCA^{PA}
zidovudine^{QL} (RETROVIR)
 ZIEXTENZO
 ZINPLAVA^{PA QL}
 ZIRABEV^{PA}
 ZOLADEX^{PA QL}
zoledronic acid^{PA} (ZOMETA)
zoledronic acid^{PA QL} (RECLAST)
 ZOLINZA^{PA QL}
 ZOMACTON^{PA}
 ZORBITIVE^{PA}
 ZULRESSO^{PA}
 ZYDELIG^{‡ PA QL}
 ZYKADIA^{‡ PA QL}
 ZYTIGA^{‡ PA QL}

Products covered by a member's prescription benefit plan may change from time to time. Specialty medications are covered based on member's benefit plan design, regardless of their appearance on this document. Please consult your plan documents for specific information.

Brand name medications are listed in all CAPS
 generic products in *lowercase italics*.

‡ Indicates Limited Distribution products that are dispensed by US Specialty Care Pharmacy or one of its specialty pharmacy partners.

* Indicates Limited Distribution products that are not dispensed by US Specialty Care Pharmacy or one of its specialty pharmacy partners.

PA = Prior Authorization Required

QL = Quantity Level Limit

THESE LISTS AND COVERAGES FOR THESE DRUGS ARE SUBJECT TO CHANGE AND TO EMHP PLAN DESIGN GUIDELINES.