



SPECIALTY MEDICAL BENEFIT DRUG LIST

Each specialty drug listed below are drugs covered under the medical benefit. Although listed by therapeutic class or treatment class, some drugs may be used for additional indications.

ALL drugs require precertification unless otherwise listed below. Drugs not included in this list may be covered under the member's prescription drug benefit, and are typically drugs that the member can self-administer

Arthritis/Psoriasis
CIMZIA (J0717)
REMICADE (J1745)
SIMPONI ARIA (J1602)
Botulinum Toxins
BOTOX
DYSPORE
MYOBLOC
XEOMIN (J0588)
Contraceptives (IUD)
LILETTA
MIRENA (J7298)
NEXPLANON
SKYLA (J7301)
Endocrine/Metabolic Agents
17-alpha hydroxyprogesterone caproate
MAKENA (J1725)
Hyaluronic Acid Products
EUFLEXXA
GEL-ONE
GEL-SYN
GENVISC 850
HYALGAN
HYMOVIS

MONOVISC
ORTHOVISC (J7324)
SUPARTZ
SYNVISC (J7325)
SYNVISC-ONE (J7325)

Neutropenia
GRANIX
LEUKINE
NEULASTA
NEUPOGEN
ZARXIO (Q5101)

BOLD = Preferred Agent

* **Some medications may require prior authorization**

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