



# Pharmacy Advantage Specialty Drug List

To assure safe and quality care, specialty drugs require a prior authorization and must be obtained from the HAP Specialty Pharmacy: Pharmacy Advantage (800) 456-2112. Some medications on this list may require dispensing by another HAP selected specialty pharmacy. Pharmacy Advantage will direct members and providers to the appropriate pharmacy.

Arthritis/ Crohn's Disease/Psoriasis	Hemophilia Factors	Hemophilia Factors	Intravenous Immunoglobulins (IVIG)
^Actemra	Advate	Rixubis	Gamastan S-D
Avsola	Afstyla	Tretten	Gammagard Liquid
*Cimzia	Alphanate	Wilate	Gammagard S-D
*Cosentyx	Alphanine SD	Xyntha	Gammaked
*Enbrel	Benefix	<b>Hepatitis B</b>	Gammaplex
Entyvio	Berinert	*Adefovir Dipivoxil	Gamunex
*Eucrisa	Corifact	*Baraclude	Hizentra
*Humira	Desmopressin Acetate	*Entecavir	Octagam
*Ilumya	Eloctate	*Lamivudine-HBV	Privigen
Inflectra	*Esperoct	<b>Hepatitis C</b>	Xembify
*Kevzara	Feiba	*Intron A	<b>Multiple Sclerosis</b>
*Kineret	Feiba NF	*Mavyret	*Aubagio
^Orencia	Helixate FS	*Pegasys	*Avonex
*Otezla	Hemlibra	*Ribavirin	*Dalfampridine ER
Renflexis	Hemofil M	*Zepatier	*Dimethyl Fumarate
*Ridaura	Humate-P	<b>Infertility**</b>	*Dupixent
*Rinvoq	Ixinity	*Cetrotide	*Gilenya
Ruxience	Jivi	*Chorionic Gonadotropin	*Glatiramer Acetate
*Simponi	Kcentra	*Ganirelix Acetate	*Glatopa
*Simponi Aria	Koate	*Gonal F RFF	*Mayzent
*Skyrizi	Koate-DVI	*Gonal-F	Ocrevus
^Stelara	Kogenate FS	*Menopur	*Plegridy
*Tremfya	Kovaltry	<b>Intravenous Immunoglobulins (IVIG)</b>	*Rebif
Truxima	Mononine	Bivigam	*Tecfidera
*Xeljanz	Novoeight	Cuvitru	Tysabri
*Xeljanz XR	Novoseven RT	Cytogam	<b>Oncology</b>
<b>Growth Hormones</b>	Nuwiq	Flebogamma	*Abiraterone Acetate
*Nutropin AQ Nuspin	Profilnine	Gamastan	*Afinitor
	Recombinate		*Alecensa
	Riastap		

Non formulary Specialty drugs when approved by plan are required to be obtained from Pharmacy Advantage

\*Drugs marked with \* are covered under the prescription benefit and will incur the highest tier pharmacy copay or specialty copay. All drugs not marked with \* are covered under the medical benefit.

^ Medical or Pharmacy benefit depending on the formulation

Updated: March 2021

\*\* Infertility medications may not be covered for some AHL Members.



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Oncology	Oncology	Oncology	Respiratory
*Alunbrig	*Kisqali	*Talzenna	Cinqair
*Balversa	*Koselugo	*Targretin	*Esbriet
*Bexarotene	*Lapatinib	*Tasigna	*Fasenra Pen
*Bosulif	*Lenvima	*Tazverik	Nucala
*Brukinsa	*Lonsurf	*Temozolomide	*Ofev
*Cabometyx	*Lorbrena	*Thalomid	*Pulmozyme
*Calquence	*Lynparza	Thyrogen	*Siliq
*Capecitabine	*Lysodren	*Toremifene	*Sodium Phenylbutyrate
*Cotellic	*Matulane	*Turalio	*Tobramycin
*Daurismo	*Mavenclad	*Tykerb	*Trikafta
*Droxia	*Mekinist	*Valchlor	Xolair
*Emcyt	*Myleran	*Venclexta	<b>Miscellaneous</b>
*Erivedge	*Nexavar	*Verzenio	*Abilify Maintena
*Erleada	*Ninlaro	*Vitrakvi	*Addyi
*Erlotinib	*Nubeqa	*Vizimpro	*Aimovig
*Etoposide	*Odomzo	*Votrient	*Ajovy
*Everolimus	*Piqray	*Xalkori	*Ambrisentan
*Farydak	*Pomalyst	*Xermelo	*Apokyn
*Gilotrif	*Qinlock	Xgeva	^Benlysta
*Gleostine	*Revlimid	*Xospata	*Bosentan
^Hycamtin	*Rozlytrek	*Xpovio	Cinryze
*Ibrance	*Rubraca	*Xtandi	Cresemba
*Iclusig	*Rydapt	*Zejula	Crysvita
*Idhifa	*Sprycel	*Zelboraf	*Cystadrops
*Imatinib Mesylate	*Stivarga	*Zolinza	*Cystaran
*Imbruvica	*Sutent	*Zydelig	*Deferasirox
*Inlyta	*Sylatron	*Zytiga	*Doptelet
*Inrebic	*Tabloid	<b>PSK9 Inhibitor</b>	*Emgality
*Iressa	*Tafinlar	*Praluent	*Enspryng
*Jakafi	*Tagrisso	*Repatha	*Epidiolex

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Miscellaneous	Miscellaneous
Evenity	*Palynziq
*Evrysdi	Prolia
Fasenra	*Promacta
*Fintepla	*Qbrexza
*Firdapse	*Revcovi
*Galafold	*Reyvow
*Gattex	*Risperdal Consta
*Haegarda	*Rukobia
*Hydroxyprogesterone Caproate	*Ruzurgi
*Icatibant Acetate	*Sapropterin
*Inbrija	*Signifor
*Ingrezza	*Sirturo
*Invega Sustenna	*Symdeko
Invega Trinza	Synagis
*Jynarque	*Takhzyro
*Kalydeco	*Tavalisse
*Lupron Depot	*Tegsedi
*Mulpleta	*Tetrabenazine
*Nexletol	*Trientine
*Nexlizet	*Tymlos
*Nitisinone	*Ubrelvy
*Nplate	Ultomiris
*Nuplazid	*Vigabatrin
*Nurtec	Vivitrol
*Ocaliva	*Vyndamax
*Orfadin	*Vyndaqel
*Orilissa	*Xyrem
*Orkambi	
*Oxervate	

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