

# Site of Care / Drug Benefit Alignment (DBA) Specialty Pharmacy Drug List

For Total Choice, PLUS, and Community Choice members

Effective July 1, 2024

The following drugs have been designated for coverage under the pharmacy benefit and will no longer be covered under your medical benefit.

If you are a plan member or health care provider, please contact CVS Specialty® Customer Care at 866-655-7444 or visit [CVSSpecialty.com](https://CVSSpecialty.com).

A	C	F	H
<ul style="list-style-type: none"> <li>▪ ACTEMRA</li> <li>▪ ACTHAR GEL</li> <li>▪ ACTIMMUNE</li> <li>▪ ADAKVEO</li> <li>▪ ADVATE</li> <li>▪ ADYNOVATE</li> <li>▪ AFINITOR</li> <li>▪ AFSTYLA</li> <li>▪ ALDURAZYME</li> <li>▪ ALPHANATE</li> <li>▪ ALPHANINE SD</li> <li>▪ ALPROLIX</li> <li>▪ ALTUVIII</li> <li>▪ AMVUTTRA</li> <li>▪ APOKYN</li> <li>▪ ARALAST NP</li> <li>▪ ARCALYST</li> <li>▪ ASCENIV</li> <li>▪ AVONEX</li> <li>▪ AVSOLA</li> </ul>	<ul style="list-style-type: none"> <li>▪ CEREZYME</li> <li>▪ CIMZIA prefilled syringe</li> <li>▪ CINQAIR</li> <li>▪ CINRYZE</li> <li>▪ COAGADEX</li> <li>▪ COPAXONE</li> <li>▪ CORIFACT</li> <li>▪ CORTROPHIN</li> <li>▪ CRYSVITA</li> <li>▪ CUTAQUIG</li> <li>▪ CUVITRU</li> </ul>	<ul style="list-style-type: none"> <li>▪ FABRAZYME</li> <li>▪ FASENRA prefilled syringe</li> <li>▪ FASENRA pen</li> <li>▪ FEIBA</li> <li>▪ FIRAZYR</li> <li>▪ FLEBOGAMMA</li> <li>▪ FLOLAN</li> <li>▪ FOLLISTIM AQ</li> <li>▪ FORTEO</li> <li>▪ FUZEON</li> <li>▪ FYREMADEL</li> </ul>	<ul style="list-style-type: none"> <li>▪ HAEGARDA</li> <li>▪ HEMLIBRA</li> <li>▪ HEMOFIL M</li> <li>▪ HIZENTRA</li> <li>▪ HUMATE-P</li> <li>▪ HUMATROPE</li> <li>▪ HUMIRA</li> <li>▪ HYCAMTIN</li> <li>▪ HYQVIA</li> </ul>
	<p><b>D</b></p> <ul style="list-style-type: none"> <li>▪ DUOPA</li> </ul>	<p><b>G</b></p> <ul style="list-style-type: none"> <li>▪ GAMMAGARD LIQUID</li> <li>▪ GAMMAGARD S/D</li> <li>▪ GAMMAKED</li> <li>▪ GAMMAPLEX</li> <li>▪ GAMUNEX-C</li> <li>▪ GANIRELIX ACETATE</li> <li>▪ GEFITINIB</li> <li>▪ GENOTROPIN</li> <li>▪ GLASSIA</li> <li>▪ GLATOPA</li> <li>▪ GLEEVEC</li> <li>▪ GONAL-F</li> </ul>	<p><b>I</b></p> <ul style="list-style-type: none"> <li>▪ IDACIO</li> <li>▪ IDELVION</li> <li>▪ INCRELEX</li> <li>▪ INFLECTRA</li> <li>▪ INFLIXIMAB</li> <li>▪ IRESSA</li> <li>▪ IXINITY</li> </ul>
<p><b>B</b></p> <ul style="list-style-type: none"> <li>▪ BENEFIX</li> <li>▪ BENLYSTA</li> <li>▪ BETASERON</li> <li>▪ BETHKIS</li> <li>▪ BIVIGAM</li> <li>▪ BRIUMVI</li> </ul>	<p><b>E</b></p> <ul style="list-style-type: none"> <li>▪ ELAPRASE</li> <li>▪ ELELYSO</li> <li>▪ ELOCTATE</li> <li>▪ ENBREL</li> <li>▪ ENJAYMO</li> <li>▪ ENTYVIO</li> <li>▪ EPOPROSTENOL SODIUM</li> <li>▪ ESPEROCT</li> <li>▪ EXTAVIA</li> </ul>		<p><b>J</b></p> <ul style="list-style-type: none"> <li>▪ JIVI</li> </ul>
			<p><b>K</b></p> <ul style="list-style-type: none"> <li>▪ KANUMA</li> <li>▪ KITABIS PAK</li> <li>▪ KOATE</li> <li>▪ KOGENATE</li> </ul>

Products distributed by CVS Specialty, as well as products covered by a member's prescription benefit plan may change from time to time. For drugs listed that are not currently available through CVS Specialty, members will be referred to the manufacturer's designated specialty pharmacy provider. In addition, a member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance on this document. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Specialty.

- KOVALTRY
- KRSTEXXA

## L

- LUMIZYME

## M

- MENOPUR
- MONONINE

## N

- NAGLAZYME
- NEXVIAZYME
- NORDITROPIN
- NOVAREL
- NOVOEIGHT
- NOVOSEVEN RT
- NUCALA lyophilized powder
- NUCALA prefilled syringe/autoinjector
- NUTROPIN
- NUWIQ

## O

- OCREVUS
- OCTAGAM
- OMNITROPE
- ONPATTRO
- ORENCIA CLICKJET
- ORENCIA lyophilized powder
- ORENCIA prefilled syringe

## P

- PANZYGA
- PEGASYS
- PREGNYL
- PRIVIGEN
- PROFILNINE SD
- PULMOZYME

## R

- REBIF
- REBINYN

- RECOMBINATE
- REMICADE
- REMODULIN
- RENFLEXIS
- REVATIO
- RIXUBIS

## S

- SAIZEN
- SAJAZIR
- SAPHNELO
- SEROSTIM
- SEVENFACT
- SIMPONI ARIA
- SOLIRIS
- STELARA

## T

- TAKHZYRO
- TEMODAR
- TEZSPIRE PEN
- TEZSPIRE vial/prefilled syringe
- TOBI
- TREMFYA
- TRETEN
- TYSABRI
- TYVASO

## U

- ULTOMIRIS

## V

- VELETRI
- VENTAVIS
- VIMIZIM
- VONVENDI
- VPRIV

## W

- WILATE

## X

- XELODA

- XENPOZYME
- XEMBIFY
- XOLAIR lyophilized powder
- XOLAIR prefilled syringe
- XYNTHA

## Z

- ZEMAIRA
- ZOMACTON
- ZORBTIVE