

Specialty Drug List

Plan Name: [Amazon/Vault/EHS Clients](#)

Drugs in this category are subject to the Specialty Drug copay of [50% copay up to \\$250](#).

Patient pays [50% copay up to \\$250](#) (30 Day Supply).

Patient pays [50% copay up to \\$500](#) (31-90 Day Supply).

Note:

"&" at the end of the drug name indicates the drug is subject to Alternative Therapy. Patient must try alternative, less expensive therapies (See Therapeutic Alternative Drug list).

"@" at the end of the drug name indicates the drug requires Prior Authorization

Certain dosage forms and strengths of same named drugs may not be included on the formulary in this category.

Abacavir Sulfate	Byetta 10 MCG Pen&	Enbrel Mini&
Abacavir-lamiVUDine-	Byetta 5 MCG Pen&	Entecavir
Zidovudine	Cabergoline	Epclusa@
Abilify Maintena&	Cabometyx@	epiRUBicin HCl
Abilify MyCite&	Capecitabine	Epogen@
Actemra&	Cerdelga@	Etoposide
Actemra ACTPen&	Cetrotide	Euflexxa@
Adefovir Dipivoxil	Cidofovir	Exemestane
Adlyxin&	Cimzia&	Extavia@
Adlyxin Starter Pack&	Cimzia Prefilled&	Fludarabine Phosphate
Aminocaproic Acid	Cimzia Starter Kit&	Flutamide
Anastrozole	Cladribine	Follistim AQ
Aristada&	Complera	Fondaparinux Sodium
Aristada Initio&	Cosentyx@	Forteo@
Atazanavir Sulfate	Cosentyx (300 MG Dose)@	Ganirelix Acetate
Atripla	Creon	Gengraf
Aubagio@	Cyclophosphamide	Genvoya
azaCITIDine	cycloSPORINE Modified	Gilenya@
azaTHIOprine	Danazol	Glatopa
Baclofen	Descovy	Gonal-f
Betaseron@	Desmopressin Ace Spray	Gonal-f RFF
Bethkis	Refrig	Harvoni@
Bexarotene	Desmopressin Acetate	Humira&
Botox@	Dihydroergotamine Mesylate	Humira Pediatric Crohns
Bydureon&	DOCEtaxel	Start&
Bydureon BCise&	Enbrel&	Humira Pen&

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Humira Pen-CD/UC/HS Starter&	Oxaliplatin	Simponi Aria&
Humira Pen-Ps/UV/Adol HS Start&	Ozempic&	Sirolimus
Imatinib Mesylate	Pentasa	Sprycel@
Inflectra&	Perseris&	Stavudine
Invega Sustenna&	Phenoxybenzamine HCl	Stribild
Invega Trinza&	Plegridy@	Sustol&
Isentress	Plegridy Starter Pack@	Synvisc@
Isentress HD	Praluent@	Synvisc One@
Kevzara&	Prezcobix	Tacrolimus
lamiVUDine	Prezista	Taltz&
LEVOleucovorin Calcium	Procrit@	Tanzeum&
Lupron Depot (1-Month)@	Rasuvo@	Tecfidera@
Lupron Depot (3-Month)@	Rebif@	Temozolomide
Lupron Depot (4-Month)@	Rebif Rebidose@	Teniposide
Lupron Depot (6-Month)@	Rebif Rebidose Titration Pack@	Tetrabenazine
Makena@	Rebif Titration Pack@	Tivicay
Mercaptopurine	Remicade&	Tobi Podhaler
Mesalamine	Renflexis&	Topotecan HCl
mitoXANTRONE HCl	Revlimid@	Tretinoin
Mycophenolate Mofetil	Rexulti&	Triumeq
Nevirapine	Reyataz	Trulicity&
Norditropin FlexPro@	Ribavirin	Victoza&
Norvir	Riluzole	vinBLAStine Sulfate
Odefsey	RisperDAL Consta&	Xeljanz&
Olumiant&	risperiDONE&	Xeljanz XR&
Orencia&	Ritonavir	Zepatier@
Orencia ClickJect&	Rituxan&	Zidovudine
Otezla@	Sancuso&	Zostavax
	Simponi&	ZyPREXA Relprevv&
		Zytiga@

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This document represents the formulary categorization at the time it was produced. These categorizations are subject to change and members are encouraged to use the Drexil Drug Search at <https://drexil.com/login> as the source for up-to-date formulary information and costs.

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