Specialty Drugs

(Effective Nov 1, 2025)

CareFirst Family of health care plans

Specialty drugs are medications that may be used to treat rare health conditions and require special handling (such as refrigeration), administration or monitoring. The following is a list of specialty drugs that may be covered through either your prescription or medical plan benefits; benefits are subject to individual member plan limitations. This list represents brand products in CAPS and generic products in lowercase italics. This list is updated based on coding effective the month prior to publication. Unless otherwise noted, drugs assigned to the pharmacy benefit must be filled at an in network specialty pharmacy. For questions about access options contact CVS Specialty at 855-264-3237

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
ABECMA	MB	MB	ONCOLOGY
abiraterone	Rx	Rx	ONCOLOGY
abirtega	Rx	Rx	ONCOLOGY
ABRAXANE	MB	MB	ONCOLOGY - INJECTABLE
ABRILADA	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
ACTEMRA	Both*	Rx, MB^	RHEUMATOID ARTHRITIS
ACTHAR	Rx*	Rx#	SEIZURE DISORDERS
ACTIMMUNE	Rx*	Rx#	INFECTIOUS DISEASE
ADAKVEO	MB	MB^	SICKLE CELL DISEASE
ADALIMU-AACF	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
ADALIMU-AATY	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
ADALIMU-ADAZ	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
ADALIMU-ADBM	Rx	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
ADALIMU-FKJP	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
ADALIMU-RYVK	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
ADBRY	Rx*	Rx	ATOPIC DERMATITIS
ADCETRIS	MB	MB	ONCOLOGY
ADCIRCA	Rx	Rx	PULMONARY ARTERIAL HYPERTENSION
ADEMPAS	Rx	Rx	PULMONARY ARTERIAL HYPERTENSION
ADSTILADRIN	MB	MB	ONCOLOGY
ADVATE	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
ADYNOVATE	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
ADZYNMA	MB		THROMBOCYTOPENIA
AFINITOR	Rx	Rx	ONCOLOGY
AFSTYLA	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
AGAMREE	Rx†	Rx	MUSCULAR DYSTROPHY
AKEEGA	Rx†	Rx	ONCOLOGY
AKYNZEO	MB		ONCOLOGY
ALDURAZYME	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
ALECENSA	Rx	Rx	ONCOLOGY
ALFERON	MB		INFECTIOUS DISEASE - OTHER
ALHEMO	Rx*	Rx	HEMOPHILIA AND RELATED BLEEDING DISORDERS
ALIQOPA	MB		ONCOLOGY
ALPHANATE	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
ALPHANINE	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
ALPROLIX	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
ALTUVIIIO	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
ALUNBRIG	Rx†	Rx	ONCOLOGY
ALVAIZ	Rx	Rx	THROMBOCYTOPENIA
ALYFTREK	Rx	Rx	CYSTIC FIBROSIS
ALYGLO	MB	MB^	IMMUNE DEFICIENCIES AND RELATED DISORDERS
ALYMSYS	MB	MB	OCULAR DISORDERS, ONCOLOGY
alyq	Rx	Rx	PULMONARY ARTERIAL HYPERTENSION
ambrisentan	Rx	Rx	PULMONARY ARTERIAL HYPERTENSION
AMJEVITA	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
AMONDYS	MB	MB	MUSCULAR DYSTROPHY
AMPYRA	Rx	Rx	MULTIPLE SCLEROSIS
AMTAGVI	MB	MB	ONCOLOGY
AMVUTTRA	MB	MB^	AMYLOIDOSIS
ANDEMBRY	Rx*	Rx	HEREDITARY ANGIOEDEMA

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
APHEXDA	MB		ONCOLOGY
APOKYN	Rx	Rx	MOVEMENT DISORDERS
apomorphine	Rx	Rx	MOVEMENT DISORDERS
AQNEURSA	Rx†	Rx	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
ARALAST	MB	MB	ALPHA-1 ANTITRYPSIN DEFICIENCY
ARANESP	Rx*	Rx#	ANEMIA
ARCALYST	Rx*	Rx	CRYOPYRIN ASSOCIATED PERIODIC SYNDROMES (CAPS)
ARESTIN	MB		INFECTIOUS DISEASE - OTHER
ARIKAYCE	Rx†	Rx	INFECTIOUS DISEASE
ARZERRA	MB	MB	ONCOLOGY
ASCENIV	MB	MB^	IMMUNE DEFICIENCIES AND RELATED DISORDERS
ASPARLAS	MB	MB	ONCOLOGY
ATTRUBY	Rx†	Rx	AMYLOIDOSIS
AUBAGIO	Rx	Rx	MULTIPLE SCLEROSIS
AUCATZYL	MB	MB	ONCOLOGY
AUGTYRO	Rx†	Rx	ONCOLOGY
AURLUMYN	MB		DERMATOLOGICAL DISORDERS - OTHER
AUSTEDO	Rx	Rx	MOVEMENT DISORDERS
AVASTIN	MB	MB	OCULAR DISORDERS, ONCOLOGY
AVEED	MB	MB	HORMONAL THERAPIES
AVGEMSI	MB		ONCOLOGY
AVMAPKI	Rx†	Rx	ONCOLOGY
AVONEX	Rx	Rx	MULTIPLE SCLEROSIS
AVSOLA	MB	MB^	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
AXTLE	MB	MB	ONCOLOGY
AYVAKIT	Rx†	Rx	ONCOLOGY
azacitidine	MB	MB	ONCOLOGY
AZEDRA	MB		ONCOLOGY
BAFIERTAM	Rx	Rx	MULTIPLE SCLEROSIS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
BALVERSA	Rx	Rx	ONCOLOGY
BAVENCIO	MB	MB^	ONCOLOGY
BELEODAQ	MB	MB	ONCOLOGY
BELRAPZO	MB	MB	ONCOLOGY
bendamustine	MB	MB	ONCOLOGY
BENDEKA	MB	MB	ONCOLOGY
BENEFIX	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
BENLYSTA	Both*	Rx, MB^	SYSTEMIC LUPUS ERYTHEMATOSUS
BEOVU	Both	Rx, MB	OCULAR DISORDERS
BEQVEZ	MB		HEMOPHILIA AND RELATED BLEEDING DISORDERS
BERINERT	Rx*	Rx#	HEREDITARY ANGIOEDEMA
BESPONSA	MB	MB	ONCOLOGY
BESREMI	Rx*†	Rx#	ONCOLOGY
betaine	Rx†	Rx	ENZYME DEFICIENCY DISORDERS - OTHER
BETASERON	Rx*	Rx	MULTIPLE SCLEROSIS
BETHKIS	Rx	Rx#	CYSTIC FIBROSIS
bexarotene	Rx	Rx	ONCOLOGY
BIMZELX	Rx*	Rx	PSORIASIS
BIVIGAM	MB	MB^	IMMUNE DEFICIENCIES AND RELATED DISORDERS
BIZENGRI	MB	MB	ONCOLOGY
BKEMV	MB	MB^	NEUROMUSCULAR, PAROXYSMAL NOCTURNAL HEMOGLOBINURUA
BLINCYTO	MB	MB	ONCOLOGY
BOMYNTRA	MB	MB	ONCOLOGY
BONSITY	Rx*	Rx	OSTEOPOROSIS
BORTEZOMIB	MB	MB	ONCOLOGY
BORUZU	MB	MB	ONCOLOGY
bosentan	Rx	Rx	PULMONARY ARTERIAL HYPERTENSION
BOSULIF	Rx	Rx	ONCOLOGY
BOTOX	MB	MB	BOTULINUM TOXINS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
BRAFTOVI	Rx	Rx	ONCOLOGY
BREYANZI	MB	MB	ONCOLOGY
BRINEURA	MB	MB	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
BRIUMVI	MB	MB^	MULTIPLE SCLEROSIS
BRIXADI	MB		ALCOHOL / OPIOID DEPENDENCY
BRONCHITOL	Rx		CYSTIC FIBROSIS
BRUKINSA	Rx†	Rx	ONCOLOGY
BUPHENYL	Rx	Rx	UREA CYCLE DISORDERS
BYLVAY	Rx†	Rx	GASTROINTESTINAL DISORDERS-OTHER
BYOOVIZ	MB	MB	OCULAR DISORDERS
CABLIVI	MB	MB	THROMBOCYTOPENIA
CABOMETYX	Rx	Rx	ONCOLOGY
CALQUENCE	Rx†	Rx	ONCOLOGY
CAMCEVI	MB	MB	HORMONAL THERAPIES
CAMZYOS	Rx	Rx	CARDIAC DISORDERS
capecitabine	Rx	Rx	ONCOLOGY
CAPRELSA	Rx†	Rx	ONCOLOGY
CARBAGLU	Rx†	Rx	UREA CYCLE DISORDERS
carglumic	Rx†	Rx	UREA CYCLE DISORDERS
CARVYKTI	MB	MB	ONCOLOGY
CASGEVY	MB	MB	SICKLE CELL DISEASE
CAYSTON	Rx	Rx	CYSTIC FIBROSIS
CEPROTIN	MB*		COAGULATION DISORDERS
CERDELGA	Rx	Rx#	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
CEREZYME	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
cetrorelix	Rx*	Rx#	INFERTILITY
CETROTIDE	Rx*	Rx#	INFERTILITY
chenodal	Rx†	Rx	GASTROINTESTINAL DISORDERS-OTHER
CHOLBAM	Rx†	Rx	GASTROINTESTINAL DISORDERS-OTHER

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
CHOR	Rx	Rx#	INFERTILITY
CIBINQO	Rx	Rx	ATOPIC DERMATITIS
CIMERLI	MB	MB	OCULAR DISORDERS
CIMZIA	Rx*	Rx#	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
cinacalcet	Rx	Rx	RENAL DISORDERS
CINQAIR	MB	MB^	ASTHMA
CINRYZE	Rx*	Rx#	HEREDITARY ANGIOEDEMA
COAGADEX	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
COLUMVI	MB	MB	ONCOLOGY
COMETRIQ	Rx	Rx	ONCOLOGY
CONEXXENCE	MB	MB	OSTEOPOROSIS
COPAXONE	Rx*	Rx	MULTIPLE SCLEROSIS
COPIKTRA	Rx	Rx	ONCOLOGY
CORIFACT	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
CORTROPHIN	Rx*	Rx#	SEIZURE DISORDERS
COSELA	MB	MB	ONCOLOGY
COSENTYX	Both*	Rx, MB	PSORIASIS
COTELLIC	Rx	Rx	ONCOLOGY
CRENESSITY	Rx†	Rx	ENDOCRINE DISORDERS - OTHER
CRYSVITA	MB	MB^	RARE DISORDERS - OTHER
CTEXLI	Rx†	Rx	GASTROINTESTINAL DISORDERS-OTHER
CUPRIMINE	Rx		WILSON'S DISEASE
CUTAQUIG	MB*	MB^	IMMUNE DEFICIENCIES AND RELATED DISORDERS
CUVITRU	MB*	MB^	IMMUNE DEFICIENCIES AND RELATED DISORDERS
CYCLOPHOSPH	MB		ONCOLOGY
CYCLOPHOSPHA	MB		ONCOLOGY
CYLTEZO	Rx	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
CYRAMZA	MB	MB	ONCOLOGY
CYSTADANE	Rx†	Rx	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
CYSTADROPS	Rx†	Rx	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
CYSTAGON	Rx	Rx	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
CYSTARAN	Rx†	Rx	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
CYTOGAM	MB		IMMUNE DEFICIENCIES AND RELATED DISORDERS
dalfampridin	Rx	Rx	MULTIPLE SCLEROSIS
DANYELZA	MB		ONCOLOGY
DANZITEN	Rx†	Rx	ONCOLOGY
DARZALEX	MB	MB	ONCOLOGY
dasatinib	Rx	Rx	ONCOLOGY
DATROWAY	MB	MB	ONCOLOGY
DAURISMO	Rx	Rx	ONCOLOGY
DAYBUE	Rx†	Rx	NEUROLOGICAL DISORDERS
DAXXIFY	MB	MB	BOTULINUM TOXINS
decitabine	MB	MB	ONCOLOGY
deferasirox	Rx	Rx	IRON OVERLOAD
deferiprone	Rx	Rx	IRON OVERLOAD
deferox	MB	MB	IRON OVERLOAD
deferoxamine	MB	MB	IRON OVERLOAD
DEFITELIO	Rx		ONCOLOGY - INJECTABLE
deflazacort	Rx†	Rx	MUSCULAR DYSTROPHY
DEMSER	Rx	Rx	ONCOLOGY
DEPEN	Rx		WILSON'S DISEASE
DESFERAL	MB*	MB	IRON OVERLOAD
DESMOPRESSIN	Rx†	Rx#	HEMOPHILIA
DIACOMIT	Rx†	Rx	SEIZURE DISORDERS
dichlorphena	Rx	Rx	ELECTROLYTE DISORDERS
dimethyl	Rx	Rx	MULTIPLE SCLEROSIS
DOCIVYX	MB	MB	ONCOLOGY
dofetilide	Rx		CARDIAC DISORDERS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
DOJOLVI	Rx	Rx	RARE DISORDERS - OTHER
DOPTELET	Rx	Rx	THROMBOCYTOPENIA
droxidopa	Rx	Rx	MOVEMENT DISORDERS
DUOPA	MB	MB	MOVEMENT DISORDERS
DUPIXENT	Rx*	Rx	ASTHMA, ATOPIC DERMATITIS, DERMATOLOGICAL DISORDERS - OTHER, GASTROINTESTINAL DISORDERS-OTHER, PULMONARY DISORDERS - OTHER
DUROLANE	MB	MB	OSTEOARTHRITIS
DURYSTA	MB		OCULAR DISORDERS
DUVYZAT	Rx†	Rx	MUSCULAR DYSTROPHY
DYSPORT	MB	MB	BOTULINUM TOXINS
EBGLYSS	Rx*	Rx	ATOPIC DERMATITIS
edaravone	MB	MB	MOVEMENT DISORDERS
EGRIFTA	Rx*	Rx	GROWTH HORMONE AND RELATED DISORDERS
EKTERLY	Rx	Rx	HEREDITARY ANGIOEDEMA
ELAHERE	MB	MB	ONCOLOGY
ELAPRASE	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
ELELYSO	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
ELFABRIO	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
ELIGARD	MB	MB	HORMONAL THERAPIES
ELOCTATE	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
ELREXFIO	MB	MB	ONCOLOGY
eltrombopag	Rx†	Rx	THROMBOCYTOPENIA
ELZONRIS	MB	MB	ONCOLOGY
EMFLAZA	Rx†	Rx	MUSCULAR DYSTROPHY
EMPAVELI	MB*	MB	PAROXYSMAL NOCTURNAL HEMOGLOBINURUA
EMPLICITI	MB	MB	ONCOLOGY
EMRELIS	MB	MB	ONCOLOGY
ENBREL	Rx*	Rx	PSORIASIS, RHEUMATOID ARTHRITIS
ENCELTO	MB	MB	OCULAR DISORDERS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
ENDARI	Rx	Rx	SICKLE CELL DISEASE
ENHERTU	MB	MB	ONCOLOGY
ENJAYMO	MB	MB^	ANEMIA
ENSACOVE	Rx†	Rx	ONCOLOGY
ENSPRYNG	Rx*	Rx#	RARE DISORDERS - OTHER
ENTYVIO	Both*	Rx, MB^	INFLAMMATORY BOWEL DISEASE
EPCLUSA	Rx	Rx	HEPATITIS C
EPIDIOLEX	Rx	Rx	SEIZURE DISORDERS
EPKINLY	MB	MB	ONCOLOGY
EPOGEN	Rx*	Rx#	ANEMIA
epoprostenol	MB*	MB	PULMONARY ARTERIAL HYPERTENSION
EPYSQLI	MB	MB^	NEUROMUSCULAR, PAROXYSMAL NOCTURNAL HEMOGLOBINURUA
ERBITUX	MB	MB	ONCOLOGY
eribulin	MB	MB	ONCOLOGY
ERIVEDGE	Rx	Rx	ONCOLOGY
ERLEADA	Rx	Rx	ONCOLOGY
erlotinib	Rx	Rx	ONCOLOGY
ESBRIET	Rx	Rx	PULMONARY DISORDERS - OTHER
ESPEROCT	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
EUFLEXXA	MB	MB	OSTEOARTHRITIS
EVENITY	MB	MB	OSTEOPOROSIS
everolimus	Rx	Rx	ONCOLOGY
EVKEEZA	MB	MB^	LIPID DISORDERS
EVOMELA	MB		ONCOLOGY - INJECTABLE
EVRYSDI	Rx†	Rx	NEUROMUSCULAR
EXJADE	Rx	Rx	IRON OVERLOAD
EXKIVITY	Rx†	Rx	ONCOLOGY
EXONDYS	MB	MB	MUSCULAR DYSTROPHY
EXTAVIA	Rx*	Rx	MULTIPLE SCLEROSIS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
EYLEA	MB	MB	OCULAR DISORDERS
FABHALTA	Rx†	Rx	PAROXYSMAL NOCTURNAL HEMOGLOBINURUA
FABRAZYME	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
FASENRA	Both*	Rx, MB^	ASTHMA
FEIBA	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
FENSOLVI	MB	MB	CENTRAL PRECOCIOUS PUBERTY (CPP), HORMONAL THERAPIES
FERPRX	Rx†	Rx	IRON OVERLOAD
FERRIPROX	Rx†	Rx	IRON OVERLOAD
FIBRYGA	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
FILSPARI	Rx	Rx	RENAL DISORDERS
FILSUVEZ	Rx†	Rx	DERMATOLOGICAL DISORDERS - OTHER
fingolimod	Rx	Rx	MULTIPLE SCLEROSIS
FINTEPLA	Rx†	Rx	SEIZURE DISORDERS
FIRAZYR	Rx*	Rx#	HEREDITARY ANGIOEDEMA
FIRDAPSE	Rx†	Rx	RARE DISORDERS - OTHER
FIRMAGON	MB	MB	HORMONAL THERAPIES
FLEBOGAMMA	MB	MB	IMMUNE DEFICIENCIES AND RELATED DISORDERS
FLOLAN	MB*	MB	PULMONARY ARTERIAL HYPERTENSION
FOLLISTIM	Rx*	Rx#	INFERTILITY
FOLOTYN	MB	MB	ONCOLOGY
FORTEO	Rx*	Rx	OSTEOPOROSIS
FOTIVDA	Rx†	Rx	ONCOLOGY
FRINDOVYX	MB		ONCOLOGY
FRUZAQLA	Rx†	Rx	ONCOLOGY
FULPHILA	Rx*	Rx#	NEUTROPENIA
FYARRO	MB	MB	ONCOLOGY
FYLNETRA	Rx*	Rx#	NEUTROPENIA
fyremadel	Rx*	Rx#	INFERTILITY
GALAFOLD	Rx†	Rx	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
GAMASTAN	Rx	Rx#	IMMUNE DEFICIENCIES AND RELATED DISORDERS
GAMIFANT	MB	MB	RARE DISORDERS - OTHER
GAMMAGARD	MB	MB^	IMMUNE DEFICIENCIES AND RELATED DISORDERS
GAMMAKED	MB	MB^	IMMUNE DEFICIENCIES AND RELATED DISORDERS
GAMMAPLEX	MB	MB^	IMMUNE DEFICIENCIES AND RELATED DISORDERS
GAMUNEX-C	MB	MB^	IMMUNE DEFICIENCIES AND RELATED DISORDERS
ganirelix	Rx*	Rx#	INFERTILITY
GATTEX	Rx*	Rx	GASTROINTESTINAL DISORDERS-OTHER
GAVRETO	Rx†	Rx	ONCOLOGY
GAZYVA	MB	MB	ONCOLOGY
gefitinib	Rx	Rx	ONCOLOGY
GEL-ONE	MB	MB	OSTEOARTHRITIS
GELSYN-3	MB	MB	OSTEOARTHRITIS
GENOTROPIN	Rx*	Rx#	GROWTH HORMONE AND RELATED DISORDERS
GENVISC	MB	MB	OSTEOARTHRITIS
GILENYA	Rx	Rx	MULTIPLE SCLEROSIS
GILOTRIF	Rx†	Rx	ONCOLOGY
GIVLAARI	MB	MB^	RARE DISORDERS - OTHER
GLASSIA	MB*	MB^	ALPHA-1 ANTITRYPSIN DEFICIENCY
glatiramer	Rx*	Rx	MULTIPLE SCLEROSIS
glatopa	Rx*	Rx	MULTIPLE SCLEROSIS
GLEEVEC	Rx	Rx	ONCOLOGY
GLEOSTINE	Rx		ONCOLOGY - ORAL/TOPICAL
GOMEKLI	Rx†	Rx	ONCOLOGY
GONAL-F	Rx*	Rx#	INFERTILITY
GRAFAPEX	MB		ONCOLOGY
GRANIX	Rx*	Rx#	NEUTROPENIA
HADLIMA	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
HAEGARDA	Rx*	Rx#	HEREDITARY ANGIOEDEMA

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
HALAVEN	MB	MB	ONCOLOGY
HARLIKU	Rx†	Rx	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
HARVONI	Rx	Rx	HEPATITIS C
HEMGENIX	MB	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
HEMLIBRA	Rx*	Rx#	HEMOPHILIA AND RELATED BLEEDING DISORDERS
HEMOFIL	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
HEPAGAM	MB		IMMUNE DEFICIENCIES AND RELATED DISORDERS
HEPZATO/50MM	MB		ONCOLOGY
HEPZATO/62MM	MB		ONCOLOGY
HERCEP	MB	MB	ONCOLOGY
HERCEPTIN	MB	MB	ONCOLOGY
HERCESSI	MB	MB	ONCOLOGY
HERNEXEOS	Rx†	Rx	ONCOLOGY
HERZUMA	MB	MB	ONCOLOGY
HETLIOZ	Rx†	Rx	SLEEP DISORDER
HIZENTRA	MB*	MB^	IMMUNE DEFICIENCIES AND RELATED DISORDERS
HULIO	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
HUMATE-P	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
HUMATROPE	Rx*	Rx#	GROWTH HORMONE AND RELATED DISORDERS
HUMIRA	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
HYALGAN	MB	MB	OSTEOARTHRITIS
HYCAMTIN	Rx	Rx	ONCOLOGY
HYMOVIS	MB	MB	OSTEOARTHRITIS
HYMPAVZI	Rx*	Rx#	HEMOPHILIA AND RELATED BLEEDING DISORDERS
HYPERHEP	MB		IMMUNE DEFICIENCIES AND RELATED DISORDERS
HYPERRHO	MB		IMMUNE DEFICIENCIES AND RELATED DISORDERS
HYQVIA	MB*	MB^	IMMUNE DEFICIENCIES AND RELATED DISORDERS
HYRIMOZ	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
HYRIMOZ-PED	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
HYRIMOZ-PLAQ	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
IBRANCE	Rx	Rx	ONCOLOGY
IBTROZI	Rx†	Rx	ONCOLOGY
icatibant	Rx*	Rx#	HEREDITARY ANGIOEDEMA
ICLUSIG	Rx†	Rx	ONCOLOGY
IDACIO	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
IDELVION	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
IDHIFA	Rx	Rx	ONCOLOGY
IDOSE	MB		OCULAR DISORDERS
ILARIS	MB	MB	CRYOPYRIN ASSOCIATED PERIODIC SYNDROMES (CAPS), GOUT
ILUMYA	MB	MB	PSORIASIS
ILUVIEN	MB		OCULAR DISORDERS
IMAAVY	MB	MB^	NEUROMUSCULAR
imatinib	Rx	Rx	ONCOLOGY
IMBRUVICA	Rx†	Rx	ONCOLOGY
IMDELLTRA	MB		ONCOLOGY
IMFINZI	MB	MB^	ONCOLOGY
IMJUDO	MB	MB	ONCOLOGY
IMKELDI	Rx†	Rx	ONCOLOGY
IMLYGIC	MB	MB	ONCOLOGY
IMULDOSA	Both	Rx, MB	PSORIASIS
INBRIJA	Rx†	Rx	MOVEMENT DISORDERS
INCRELEX	Rx*†	Rx#	GROWTH HORMONE AND RELATED DISORDERS
INFLECTRA	MB	MB^	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
INFLIXIMAB	MB	MB^	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
INGREZZA	Rx	Rx	MOVEMENT DISORDERS
INLYTA	Rx	Rx	ONCOLOGY
INQOVI	Rx	Rx	ONCOLOGY
INREBIC	Rx	Rx	ONCOLOGY

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
IQIRVO	Rx	Rx	GASTROINTESTINAL DISORDERS-OTHER
IRESSA	Rx	Rx	ONCOLOGY
ISTODAX	MB	MB	ONCOLOGY
ISTURISA	Rx†	Rx	CUSHING'S
ITOVEBI	Rx	Rx	ONCOLOGY
IVRA	MB		ONCOLOGY - INJECTABLE
IWILFIN	Rx†	Rx	ONCOLOGY
IXEMPRA	MB	MB	ONCOLOGY
IXINITY	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
IZERVAY	MB		OCULAR DISORDERS
JADENU	Rx	Rx	IRON OVERLOAD
JAKAFI	Rx	Rx	ONCOLOGY
javygtor	Rx†	Rx	PHENYLKETONURIA (PKU)
JAYPIRCA	Rx	Rx	ONCOLOGY
jaythari	Rx†	Rx	MUSCULAR DYSTROPHY
JELMYTO	MB	MB	ONCOLOGY
JEMPERLI	MB	MB^	ONCOLOGY
JEVTANA	MB	MB	ONCOLOGY
JIVI	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
JOBEVNE	MB		OCULAR DISORDERS, ONCOLOGY
JOENJA	Rx†	Rx	IMMUNE DEFICIENCIES AND RELATED DISORDERS
JUBBONTI	MB	MB	OSTEOPOROSIS
JUXTAPID	Rx†	Rx	LIPID DISORDERS
JYNARQUE	Rx†	Rx	RENAL DISORDERS
KADCYLA	MB	MB	ONCOLOGY
KALBITOR	MB	MB	HEREDITARY ANGIOEDEMA
KALYDECO	Rx	Rx	CYSTIC FIBROSIS
KANJINTI	MB	MB	ONCOLOGY
KANUMA	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
KEBILIDI	MB	MB	ENZYME DEFICIENCY DISORDERS - OTHER
KESIMPTA	Rx*	Rx	MULTIPLE SCLEROSIS
KEVEYIS	Rx†	Rx	ELECTROLYTE DISORDERS
KEVZARA	Rx*	Rx	RHEUMATOID ARTHRITIS
KEYTRUDA	MB	MB^	ONCOLOGY
KHAPZORY	MB		ONCOLOGY
KIMMTRAK	MB	MB	ONCOLOGY
KINERET	Rx*†	Rx	RHEUMATOID ARTHRITIS
KISQALI	Rx	Rx	ONCOLOGY
KISUNLA	MB		NEUROLOGICAL DISORDERS
KITABIS	Rx	Rx#	CYSTIC FIBROSIS
KOATE	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
KOATE-DVI	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
KOGENATE	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
KORLYM	Rx†	Rx	CUSHING'S
KOSELUGO	Rx†	Rx	ONCOLOGY
KOVALTRY	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
KRAZATI	Rx†	Rx	ONCOLOGY
KRYSTEXXA	Both	Rx, MB^	GOUT
KUVAN	Rx	Rx	PHENYLKETONURIA (PKU)
KYLEENA	MB		CONTRACEPTIVES
KYMRIAH	MB	MB	ONCOLOGY
KYNMOBI	Rx		MOVEMENT DISORDERS
KYPROLIS	MB	MB	ONCOLOGY
KYXATA	MB		ONCOLOGY
LAMZEDE	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
LANREOTIDE	MB	MB	ACROMEGALY
LANTIDRA	MB		ENDOCRINE DISORDERS - OTHER
lapatinib	Rx	Rx	ONCOLOGY

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
LAZCLUZE	Rx†	Rx	ONCOLOGY
LEDIP-SOFOSB	Rx	Rx	HEPATITIS C
LEMTRADA	MB	MB^	MULTIPLE SCLEROSIS
lenalidomide	Rx	Rx	ONCOLOGY
LENMELDY	MB	MB	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
LENVIMA	Rx	Rx	ONCOLOGY
LEQSELVI	Rx	Rx	ALOPECIA AREATA
LEQVIO	MB	MB	LIPID DISORDERS
LETAIRIS	Rx	Rx	PULMONARY ARTERIAL HYPERTENSION
LEUKINE	Rx	Rx#	NEUTROPENIA
leuprolide	Both*	Rx	HORMONAL THERAPIES
levoleucovor	MB	MB	ONCOLOGY
l-glutamine	Rx	Rx	SICKLE CELL DISEASE
LIBTAYO	MB	MB^	ONCOLOGY
LILETTA	MB		CONTRACEPTIVES
LIQREV	Rx	Rx	PULMONARY ARTERIAL HYPERTENSION
LITFULO	Rx	Rx	ALOPECIA AREATA
LIVDELZI	Rx†	Rx	GASTROINTESTINAL DISORDERS-OTHER
LIVMARLI	Rx†	Rx	GASTROINTESTINAL DISORDERS-OTHER
LONSURF	Rx	Rx	ONCOLOGY
LOQTORZI	MB	MB^	ONCOLOGY
LORBRENA	Rx	Rx	ONCOLOGY
LUCENTIS	Both	Rx, MB	OCULAR DISORDERS
LUMAKRAS	Rx	Rx	ONCOLOGY
LUMIZYME	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
LUMRYZ	Rx	Rx	SLEEP DISORDER
LUNSUMIO	MB	MB	ONCOLOGY
LUPKYNIS	Rx†	Rx	SYSTEMIC LUPUS ERYTHEMATOSUS
LUPR	MB	MB	CENTRAL PRECOCIOUS PUBERTY (CPP), HORMONAL THERAPIES

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
LUPRON	MB	MB	HORMONAL THERAPIES
LUTATHERA	MB	MB	ONCOLOGY
LUTRATE	MB	MB	HORMONAL THERAPIES
LUXTURNA	MB	MB	RARE DISORDERS - OTHER
LYFGENIA	MB	MB	SICKLE CELL DISEASE
LYNOZYFIC	MB		ONCOLOGY
LYNPARZA	Rx	Rx	ONCOLOGY
LYTGOBI	Rx†	Rx	ONCOLOGY
MARGENZA	MB	MB	ONCOLOGY
MAVENCLAD	Rx	Rx	MULTIPLE SCLEROSIS
MAVYRET	Rx	Rx	HEPATITIS C
MAYZENT	Rx	Rx	MULTIPLE SCLEROSIS
MEKINIST	Rx	Rx	ONCOLOGY
MEKTOVI	Rx	Rx	ONCOLOGY
MENOPUR	Rx*	Rx	INFERTILITY
MEPSEVII	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
mercaptopuri	Rx	Rx	ONCOLOGY
metyrosine	Rx	Rx	ONCOLOGY
MICRHOGAM	MB		IMMUNE DEFICIENCIES AND RELATED DISORDERS
mifepristone	Rx†	Rx	CUSHING'S
miglustat	Rx	Rx	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
MIPLYFFA	Rx†	Rx	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
MIRCERA	Rx*†	Rx#	ANEMIA
MIRENA	MB		CONTRACEPTIVES
mitoxantron	MB		MULTIPLE SCLEROSIS, ONCOLOGY - INJECTABLE
MIUDELLA	MB		CONTRACEPTIVES
MODEYSO	Rx†	Rx	ONCOLOGY
MONJUVI	MB	MB	ONCOLOGY
MONOVISC	MB	MB	OSTEOARTHRITIS
MOZOBIL	MB	MB	HEMATOPOIETICS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
MULPLETA	Rx	Rx	THROMBOCYTOPENIA
MVASI	MB	MB	OCULAR DISORDERS, ONCOLOGY
MYALEPT	Rx*†	Rx#	LIPODYSTROPHY
MYCAPSSA	Rx†	Rx	ACROMEGALY
MYLOTARG	MB	MB	ONCOLOGY
MYOBLOC	MB	MB	BOTULINUM TOXINS
NABI-HB	MB		IMMUNE DEFICIENCIES AND RELATED DISORDERS
NAGLAZYME	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
NEMLUVIO	Rx*	Rx	ATOPIC DERMATITIS, DERMATOLOGICAL DISORDERS - OTHER
NERLYNX	Rx	Rx	ONCOLOGY
NEULASTA	Rx*	Rx#	NEUTROPENIA
NEUPOGEN	Rx	Rx#	NEUTROPENIA
NEXAVAR	Rx	Rx	ONCOLOGY
NEXPLANON	MB		CONTRACEPTIVES
NEXVIAZYME	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
NGENLA	Rx*	Rx	GROWTH HORMONE AND RELATED DISORDERS
NIKTIMVO	MB	MB	ONCOLOGY
nilotinb	Rx	Rx	ONCOLOGY
NINLARO	Rx	Rx	ONCOLOGY
nitisinone	Rx	Rx	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
NITYR	Rx†	Rx	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
NIVESTYM	Rx*	Rx#	NEUTROPENIA
NORDITROPIN	Rx*	Rx#	GROWTH HORMONE AND RELATED DISORDERS
NORTHERA	Rx	Rx	MOVEMENT DISORDERS
NOVAREL	Rx	Rx#	INFERTILITY
NOVOEIGHT	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
NOVOSEVEN	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
NPLATE	MB	MB	THROMBOCYTOPENIA
NUBEQA	Rx	Rx	ONCOLOGY
NUCALA	Rx*	Rx#	ASTHMA, PULMONARY DISORDERS - OTHER

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
NULIBRY	MB	MB	RARE DISORDERS - OTHER
NUPLAZID	Rx	Rx	MOVEMENT DISORDERS
NUTROPIN	Rx*	Rx#	GROWTH HORMONE AND RELATED DISORDERS
NUWIQ	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
NUZYRA	MB*		INFECTIOUS DISEASE - OTHER
NYPOZI	Rx*	Rx	NEUTROPENIA
NYVEPRIA	Rx*	Rx#	NEUTROPENIA
OBIZUR	MB	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
OCALIVA	Rx	Rx	GASTROINTESTINAL DISORDERS-OTHER
OCREVUS	MB	MB^	MULTIPLE SCLEROSIS
OCTAGAM	MB	MB^	IMMUNE DEFICIENCIES AND RELATED DISORDERS
octreotide	Both*	Rx, MB	ACROMEGALY
ODOMZO	Rx	Rx	ONCOLOGY
OFEV	Rx	Rx	PULMONARY DISORDERS - OTHER
OGIVRI	MB	MB	ONCOLOGY
OGSIVEO	Rx†	Rx	ONCOLOGY
OJEMDA	Rx†	Rx	ONCOLOGY
OJJAARA	Rx†	Rx	ONCOLOGY
OLPRUVA	Rx†	Rx	UREA CYCLE DISORDERS
OLUMIANT	Rx	Rx	ALOPECIA AREATA, RHEUMATOID ARTHRITIS
OMISIRGE	MB	MB	ONCOLOGY
OMNITROPE	Rx*	Rx#	GROWTH HORMONE AND RELATED DISORDERS
OMVOH	Both	Rx, MB	INFLAMMATORY BOWEL DISEASE
ONAPGO	Rx*	Rx	MOVEMENT DISORDERS
ONCASPAR	MB	MB	ONCOLOGY
ONIVYDE	Rx		ONCOLOGY - INJECTABLE
ONPATTRO	MB	MB^	AMYLOIDOSIS
ONTRUZANT	MB	MB	ONCOLOGY
ONUREG	Rx	Rx	ONCOLOGY
OPDIVO	MB	MB^	ONCOLOGY

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
OPDUALAG	MB	MB^	ONCOLOGY
OPFOLDA	MB		LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
OPSUMIT	Rx	Rx	PULMONARY ARTERIAL HYPERTENSION
OPSYNVI	Rx	Rx	PULMONARY ARTERIAL HYPERTENSION
ORENCIA	Both*	Rx, MB^	RHEUMATOID ARTHRITIS
ORENITRAM	Rx	Rx	PULMONARY ARTERIAL HYPERTENSION
ORFADIN	Rx†	Rx	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
ORGOVYX	Rx†	Rx	ONCOLOGY
ORKAMBI	Rx	Rx	CYSTIC FIBROSIS
ORLADEYO	Rx†	Rx	HEREDITARY ANGIOEDEMA
ormalvi	Rx†	Rx	ELECTROLYTE DISORDERS
ORSERDU	Rx†	Rx	ONCOLOGY
ORTHOVISC	MB	MB	OSTEOARTHRITIS
OSENVELT	MB	MB	ONCOLOGY
OTEZLA	Rx	Rx	PSORIASIS
OTEZLA/XR	Rx	Rx	PSORIASIS
OTREXUP	Rx*	Rx	PSORIASIS, RHEUMATOID ARTHRITIS
OTULFI	Both	Rx, MB	PSORIASIS
OVIDREL	Rx*	Rx#	INFERTILITY
OXERVATE	Rx†	Rx#	OCULAR DISORDERS
OXLUMO	MB	MB^	RENAL DISORDERS
OZURDEX	MB		OCULAR DISORDERS
PACLITAXEL	MB	MB	ONCOLOGY - INJECTABLE
PADCEV	MB	MB	ONCOLOGY
PALYNZIQ	Rx*	Rx	PHENYLKETONURIA (PKU)
PANZYGA	MB	MB^	IMMUNE DEFICIENCIES AND RELATED DISORDERS
PAPZIMEOS	MB		PULMONARY DISORDERS - OTHER
PARAGARD	MB		CONTRACEPTIVES
PARSABIV	MB	MB	RENAL DISORDERS
PAVBLU	MB	MB	OCULAR DISORDERS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
pazopanib	Rx	Rx	ONCOLOGY
PEDMARK	MB		ONCOLOGY
PEGASYS	Rx*	Rx	HEPATITIS C
PEMAZYRE	Rx†	Rx	ONCOLOGY
PEMETREXED	MB	MB	ONCOLOGY
PEMFEXY	MB	MB	ONCOLOGY
penicillamin	Rx		WILSON'S DISEASE
PERJETA	MB	MB	ONCOLOGY
PHEBURANE	Rx	Rx	UREA CYCLE DISORDERS
phenylbutyra	Rx	Rx	UREA CYCLE DISORDERS
PHESGO	MB	MB	ONCOLOGY
PHOTREXA/PHO	MB		OCULAR DISORDERS
PIASKY	MB	MB	PAROXYSMAL NOCTURNAL HEMOGLOBINURUA
PIQRAY	Rx†	Rx	ONCOLOGY
pirfenidone	Rx	Rx	PULMONARY DISORDERS - OTHER
PLEGRIDY	Rx*	Rx	MULTIPLE SCLEROSIS
plerixafor	MB	MB	HEMATOPOIETICS
PLUVICTO	MB	MB	ONCOLOGY
POLIVY	MB	MB	ONCOLOGY
POMALYST	Rx	Rx	ONCOLOGY
POMBILITI	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
PONVORY	Rx	Rx	MULTIPLE SCLEROSIS
PORTRAZZA	MB		ONCOLOGY
POTELIGEO	MB	MB	ONCOLOGY
pralatrexate	MB		ONCOLOGY
PREGNYL	Rx	Rx#	INFERTILITY
PRIALT	MB		PAIN MANAGEMENT
PRIVIGEN	MB	MB^	IMMUNE DEFICIENCIES AND RELATED DISORDERS
PROCRIT	Rx*	Rx#	ANEMIA
PROCYSBI	Rx†	Rx	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
PROFILNINE	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
PROLASTIN-C	MB	MB^	ALPHA-1 ANTITRYPSIN DEFICIENCY
PROLEUKIN	MB	MB	ONCOLOGY
PROLIA	MB	MB	OSTEOPOROSIS
PROMACTA	Rx	Rx	THROMBOCYTOPENIA
PROVENGE	MB	MB	ONCOLOGY
PULMOZYME	Rx	Rx	CYSTIC FIBROSIS
PURIXAN	Rx	Rx	ONCOLOGY
PYRUKYND	Rx†	Rx	ENZYME DEFICIENCY DISORDERS - OTHER
PYZCHIVA	Both*	Rx, MB	PSORIASIS
QALSODY	MB	MB	MOVEMENT DISORDERS
QFITLIA	Rx*†	Rx	HEMOPHILIA AND RELATED BLEEDING DISORDERS
QINLOCK	Rx†	Rx	ONCOLOGY
QUTENZA	MB		PAIN MANAGEMENT
RADICAVA	Both	Rx, MB^	MOVEMENT DISORDERS
RASUVO	Rx*	Rx	PSORIASIS, RHEUMATOID ARTHRITIS
RAVICTI	Rx	Rx	UREA CYCLE DISORDERS
REBIF	Rx*	Rx	MULTIPLE SCLEROSIS
REBINYN	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
REBLOZYL	MB	MB	ANEMIA
REBYOTA	MB		INFECTIOUS DISEASE
RECLAST	MB	MB	OSTEOPOROSIS
RECOMBINATE	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
RECORLEV	Rx†	Rx	CUSHING'S
REDITREX	Rx*		PSORIASIS, RHEUMATOID ARTHRITIS
RELEUKO	Rx*	Rx#	NEUTROPENIA
RELYVRIO	Rx	Rx	MOVEMENT DISORDERS
REMICADE	MB	MB^	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
REMODULIN	MB*	MB	PULMONARY ARTERIAL HYPERTENSION
RENFLEXIS	MB	MB^	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
RETACRIT	Rx*	Rx#	ANEMIA
RETEVMO	Rx	Rx	ONCOLOGY
RETHYMIC	MB		RARE DISORDERS - OTHER
RETISERT	MB		OCULAR DISORDERS
REVATIO	Both	Rx	PULMONARY ARTERIAL HYPERTENSION
REVCOVI	Rx†	Rx	IMMUNE DEFICIENCIES AND RELATED DISORDERS
REVLIMID	Rx	Rx	ONCOLOGY
REVUFORJ	Rx†	Rx	ONCOLOGY
REZLIDHIA	Rx†	Rx	ONCOLOGY
REZUROCK	Rx†	Rx	ONCOLOGY
RHOGAM	MB		IMMUNE DEFICIENCIES AND RELATED DISORDERS
RHOPHYLAC	MB		IMMUNE DEFICIENCIES AND RELATED DISORDERS
RIABNI	MB	MB	ONCOLOGY, RHEUMATOID ARTHRITIS
RIASTAP	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
ribavirin	Rx		HEPATITIS C
RINVOQ	Rx	Rx	ATOPIC DERMATITIS, INFLAMMATORY BOWEL DISEASE, RHEUMATOID ARTHRITIS
RITUXAN	MB	MB	ONCOLOGY, RHEUMATOID ARTHRITIS
RIVFLOZA	Rx*	Rx	RENAL DISORDERS
RIXUBIS	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
ROCTAVIAN	MB	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
ROLVEDON	MB	MB	NEUTROPENIA
romidepsin	MB	MB	ONCOLOGY
ROMVIMZA	Rx†	Rx	ONCOLOGY
ROZLYTREK	Rx	Rx	ONCOLOGY
RUBRACA	Rx	Rx	ONCOLOGY
RUCONEST	Rx*	Rx#	HEREDITARY ANGIOEDEMA
RUXIENCE	MB	MB	ONCOLOGY, RHEUMATOID ARTHRITIS
RYBREVANT	MB	MB	ONCOLOGY
RYDAPT	Rx	Rx	ONCOLOGY
RYLAZE	MB	MB	ONCOLOGY

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
RYONCIL	MB		ONCOLOGY
RYPLAZIM	MB*	MB	ENZYME DEFICIENCY DISORDERS - OTHER
RYSTIGGO	MB	MB	NEUROMUSCULAR
RYTELO	MB		ONCOLOGY
SABRIL	Rx	Rx	SEIZURE DISORDERS
SAIZEN	Rx*	Rx	GROWTH HORMONE AND RELATED DISORDERS
SAIZENPREP	Rx*	Rx	GROWTH HORMONE AND RELATED DISORDERS
sajazir	Rx*†	Rx#	HEREDITARY ANGIOEDEMA
SAMSCA	Rx	Rx	ELECTROLYTE DISORDERS
SANDOSTATIN	Both*	Rx, MB	ACROMEGALY
SAPHNELO	MB	MB^	SYSTEMIC LUPUS ERYTHEMATOSUS
sapropterin	Rx	Rx	PHENYLKETONURIA (PKU)
SARCLISA	MB	MB	ONCOLOGY
SCEMBLIX	Rx†	Rx	ONCOLOGY
SCENESSE	MB	MB	RARE DISORDERS - OTHER
SELARSDI	Both*	Rx, MB	PSORIASIS
SENSIPAR	Rx	Rx	RENAL DISORDERS
SEROSTIM	Rx*	Rx	GROWTH HORMONE AND RELATED DISORDERS
SEVENFACT	Both*	Rx, MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
SIGNIFOR	Both*	Rx, MB	CUSHING'S
sildenafil	Both	Rx	PULMONARY ARTERIAL HYPERTENSION
SILIQ	Rx*	Rx	PSORIASIS
SIMLANDI	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
SIMPONI	Both*	Rx, MB	INFLAMMATORY BOWEL DISEASE, RHEUMATOID ARTHRITIS
SINUVA	MB		RESPIRATORY DISORDERS - OTHER
SKYCLARYS	Rx†	Rx	MOVEMENT DISORDERS
SKYLA	MB		CONTRACEPTIVES
SKYRIZI	Both*	Rx, MB	INFLAMMATORY BOWEL DISEASE, PSORIASIS
SKYSONA	MB	MB	NEUROLOGICAL DISORDERS
SKYTROFA	Rx*	Rx	GROWTH HORMONE AND RELATED DISORDERS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
SOD	Rx†	Rx	SLEEP DISORDER
sodium	Rx	Rx	UREA CYCLE DISORDERS
SOFOS/VELPAT	Rx	Rx	HEPATITIS C
SOGROYA	Rx*	Rx	GROWTH HORMONE AND RELATED DISORDERS
SOHONOS	Rx	Rx	BONE DISORDERS - OTHER
SOLESTA	MB		GASTROINTESTINAL DISORDERS-OTHER
SOLIRIS	MB	MB^	NEUROMUSCULAR, PAROXYSMAL NOCTURNAL HEMOGLOBINURUA
SOMATULINE	MB	MB	ACROMEGALY
SOMAVERT	Rx*	Rx#	ACROMEGALY
sorafenib	Rx	Rx	ONCOLOGY
SOTYKTU	Rx	Rx	PSORIASIS
SOVALDI	Rx	Rx	HEPATITIS C
SPEVIGO	Both	Rx, MB	PSORIASIS
SPINRAZA	MB	MB	NEUROMUSCULAR
SPRAVATO	Rx	Rx#	MENTAL HEALTH CONDITIONS
SPRYCEL	Rx	Rx	ONCOLOGY
STELARA	Both*	Rx, MB	PSORIASIS
STEQEYMA	Both	Rx, MB	INFLAMMATORY BOWEL DISEASE
STIMATE	Rx	Rx	HEMOPHILIA AND RELATED BLEEDING DISORDERS
STIMUFEND	MB*	MB	NEUTROPENIA
STIVARGA	Rx	Rx	ONCOLOGY
STOBOCLO	MB		OSTEOPOROSIS
STRATAGRAFT	MB		CELL/GENE THERAPY - OTHER
STRENSIQ	Rx*†	Rx	BONE DISORDERS - OTHER
STRONTIUM	Rx†	Rx	ONCOLOGY
SUBLOCADE	MB		ALCOHOL / OPIOID DEPENDENCY
sunitinib	Rx	Rx	ONCOLOGY
SUPARTZ	MB	MB	OSTEOARTHRITIS
SUPPRELIN	MB	MB	CENTRAL PRECOCIOUS PUBERTY (CPP)
SUSVIMO	MB	MB	OCULAR DISORDERS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
SUTENT	Rx	Rx	ONCOLOGY
SYFOVRE	MB	MB	OCULAR DISORDERS
SYLVANT	MB	MB	ONCOLOGY
SYMDEKO	Rx	Rx	CYSTIC FIBROSIS
SYNAGIS	MB	MB	RESPIRATORY SYNCYTIAL VIRUS
SYNOJOYNT	MB	MB	OSTEOARTHRITIS
SYNVISC	MB	MB	OSTEOARTHRITIS
SYPRINE	Rx		WILSON'S DISEASE
TABRECTA	Rx	Rx	ONCOLOGY
tadalafil	Rx	Rx	PULMONARY ARTERIAL HYPERTENSION
TADLIQ	Rx	Rx	PULMONARY ARTERIAL HYPERTENSION
TAFINLAR	Rx	Rx	ONCOLOGY
TAGRISSO	Rx	Rx	ONCOLOGY
TAKHZYRO	Rx*	Rx#	HEREDITARY ANGIOEDEMA
TALTZ	Rx*	Rx	PSORIASIS
TALVEY	MB	MB	ONCOLOGY
TALZENNA	Rx	Rx	ONCOLOGY
TARCEVA	Rx	Rx	ONCOLOGY
TARGRETIN	Rx	Rx	ONCOLOGY
TARPEYO	Rx†	Rx	RENAL DISORDERS
TASCENSO	Rx†	Rx	MULTIPLE SCLEROSIS
TASIGNA	Rx	Rx	ONCOLOGY
tasimelteon	Rx	Rx	SLEEP DISORDER
TAVALISSE	Rx†	Rx	THROMBOCYTOPENIA
TAVNEOS	Rx†	Rx	RARE DISORDERS - OTHER
TAZVERIK	Rx†	Rx	ONCOLOGY
TECARTUS	MB	MB	ONCOLOGY
TECELRA	MB	MB	ONCOLOGY
TECENTRIQ	MB	MB^	ONCOLOGY
TECFIDERA	Rx	Rx	MULTIPLE SCLEROSIS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
TECVAYLI	MB	MB	ONCOLOGY
TEGSEDI	Rx*†	Rx	AMYLOIDOSIS
TEMODAR	Both	Rx, MB	ONCOLOGY
temozolomide	Rx	Rx	ONCOLOGY
temsirolimus	MB	MB	ONCOLOGY
TEPADINA	MB		ONCOLOGY - INJECTABLE
TEPEZZA	MB	MB^	OCULAR DISORDERS
TEPMETKO	Rx†	Rx	ONCOLOGY
TEPYLUTE	MB	MB	ONCOLOGY
teriflunomid	Rx	Rx	MULTIPLE SCLEROSIS
teriparatide	Rx*	Rx	OSTEOPOROSIS
TESTOPEL	MB		HORMONAL THERAPIES
tetrabenazin	Rx	Rx	MOVEMENT DISORDERS
TEVIMBRA	MB	MB^	ONCOLOGY
TEZSPIRE	Both*	Rx, MB^	ASTHMA
THALOMID	Rx	Rx	ONCOLOGY
THIOLA	Rx†	Rx	RENAL DISORDERS
THYROGEN	MB		ONCOLOGY - INJECTABLE
TIBSOVO	Rx†	Rx	ONCOLOGY
TIKOSYN	Rx		CARDIAC DISORDERS
tiopronin	Rx†	Rx	RENAL DISORDERS
TIVDAK	MB	MB	ONCOLOGY
TOBI	Rx	Rx#	CYSTIC FIBROSIS
tobramycin	Rx	Rx#	CYSTIC FIBROSIS
TOFIDENCE	MB	MB^	RHEUMATOID ARTHRITIS
tolvaptan	Rx	Rx	RENAL DISORDERS
TORISEL	MB	MB	ONCOLOGY
torpenz	Rx†	Rx	ONCOLOGY
TRACLEER	Rx	Rx	PULMONARY ARTERIAL HYPERTENSION
TRAZIMERA	MB	MB	ONCOLOGY

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
TREANDA	MB	MB	ONCOLOGY
TRELSTAR	MB	MB	HORMONAL THERAPIES
TREMFYA	Both*	Rx, MB	INFLAMMATORY BOWEL DISEASE
treprostinil	MB*	MB	PULMONARY ARTERIAL HYPERTENSION
TRETTEN	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
trientine	Rx		WILSON'S DISEASE
TRIKAFTA	Rx	Rx	CYSTIC FIBROSIS
TRILURON	MB	MB	OSTEOARTHRITIS
TRIPTODUR	MB	MB	CENTRAL PRECOCIOUS PUBERTY (CPP), HORMONAL THERAPIES
TRIVISC	MB	MB	OSTEOARTHRITIS
TRODELVY	MB	MB	ONCOLOGY
TRUQAP	Rx†	Rx	ONCOLOGY
TRUXIMA	MB	MB	ONCOLOGY, RHEUMATOID ARTHRITIS
TRYNGOLZA	Rx*†	Rx	LIPID DISORDERS
TUKYSA	Rx†	Rx	ONCOLOGY
TURALIO	Rx†	Rx	ONCOLOGY
TYENNE	Both	Rx, MB^	RHEUMATOID ARTHRITIS
TYKERB	Rx	Rx	ONCOLOGY
TYMLOS	Rx*	Rx	OSTEOPOROSIS
TYSABRI	MB	MB^	INFLAMMATORY BOWEL DISEASE, MULTIPLE SCLEROSIS
TYVASO	Rx	Rx#	PULMONARY ARTERIAL HYPERTENSION
TZIELD	MB	MB	ENDOCRINE DISORDERS - OTHER
UDENYCA	Rx*	Rx#	NEUTROPENIA
ULTOMIRIS	MB	MB^	NEUROMUSCULAR, PAROXYSMAL NOCTURNAL HEMOGLOBINURUA
UNITUXIN	MB		ONCOLOGY
UNLOXCYT	MB		ONCOLOGY
UPLIZNA	MB	MB^	RARE DISORDERS - OTHER
UPTRAVI	Both	Rx, MB	PULMONARY ARTERIAL HYPERTENSION
USTEKIN-AEKN	Rx	Rx#	PSORIASIS
USTEKIN-TTWE	Both	Rx, MB	PSORIASIS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
USTEKINUMAB	Both*	Rx, MB	PSORIASIS
VABRINTY	MB		HORMONAL THERAPIES
VABYSMO	MB	MB	OCULAR DISORDERS
VALCHLOR	Rx†	Rx	ONCOLOGY
valrubicin	MB		ONCOLOGY - INJECTABLE
VALSTAR	MB		ONCOLOGY - INJECTABLE
VANFLYTA	Rx†	Rx	ONCOLOGY
VANRAFIA	Rx†	Rx	RENAL DISORDERS
VARITHENA	MB		VENOUS INSUFFICIENCY
VARIZIG	MB		IMMUNE DEFICIENCIES AND RELATED DISORDERS
VECTIBIX	MB	MB	ONCOLOGY
VEGZELMA	MB	MB	OCULAR DISORDERS, ONCOLOGY
VELCADE	MB	MB	ONCOLOGY
VELETRI	MB*	MB	PULMONARY ARTERIAL HYPERTENSION
VELSIPITY	Rx	Rx	INFLAMMATORY BOWEL DISEASE
VENCLEXTA	Rx†	Rx	ONCOLOGY
VENTAVIS	Rx	Rx	PULMONARY ARTERIAL HYPERTENSION
venxxiva	Rx†	Rx	RENAL DISORDERS
VEOPOZ	MB*		COAGULATION DISORDERS
VERZENIO	Rx	Rx	ONCOLOGY
VIDAZA	MB	MB	ONCOLOGY
vigabatrin	Rx†	Rx	SEIZURE DISORDERS
vigadrone	Rx†	Rx	SEIZURE DISORDERS
VIGAFYDE	Rx†	Rx	SEIZURE DISORDERS
vigpoder	Rx†	Rx	SEIZURE DISORDERS
VIJOICE	Rx†	Rx	RARE DISORDERS - OTHER
VILTEPSO	MB	MB^	MUSCULAR DYSTROPHY
VIMIZIM	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
VISCO-3	MB	MB	OSTEOARTHRITIS
VISUDYNE	MB	MB	OCULAR DISORDERS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
VITRAKVI	Rx	Rx	ONCOLOGY
VIVIMUSTA	MB	MB	ONCOLOGY
VIVITROL	MB		ALCOHOL / OPIOID DEPENDENCY
VIZIMPRO	Rx	Rx	ONCOLOGY
VONJO	Rx†	Rx	ONCOLOGY
VONVENDI	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
VORANIGO	Rx†	Rx	ONCOLOGY
VORAXAZE	MB		ONCOLOGY
VOSEVI	Rx	Rx	HEPATITIS C
VOTRIENT	Rx	Rx	ONCOLOGY
VOWST	Rx†	Rx	INFECTIOUS DISEASE
VOXZOGO	Rx*	Rx	BONE DISORDERS - OTHER
VOYDEYA	Rx†	Rx	PAROXYSMAL NOCTURNAL HEMOGLOBINURUA
VPRIV	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
VUMERITY	Rx	Rx	MULTIPLE SCLEROSIS
VYALEV	Rx*	Rx	MOVEMENT DISORDERS
VYEPTI	MB	MB^	MIGRAINE
VYJUVEK	MB	MB	DERMATOLOGICAL DISORDERS - OTHER
VYKAT	Rx†	Rx	ENDOCRINE DISORDERS - OTHER
VYLOY	MB	MB	ONCOLOGY
VYNDAMAX	Rx	Rx	AMYLOIDOSIS
VYNDAQEL	Rx	Rx	AMYLOIDOSIS
VYONDYS	MB	MB	MUSCULAR DYSTROPHY
VYVGART	Both*	Rx, MB	NEUROMUSCULAR
VYXEOS	MB		ONCOLOGY - INJECTABLE
WAINUA	Rx*†	Rx#	AMYLOIDOSIS
WAKIX	Rx	Rx	SLEEP DISORDER
WELIREG	Rx†	Rx	ONCOLOGY
WEZLANA	Both	Rx, MB	PSORIASIS
WILATE	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
WINREVAIR	MB*	MB	PULMONARY ARTERIAL HYPERTENSION
WINRHO	MB		IMMUNE DEFICIENCIES AND RELATED DISORDERS
WYOST	MB*	MB	ONCOLOGY
XALKORI	Rx	Rx	ONCOLOGY
XELJANZ	Rx	Rx	RHEUMATOID ARTHRITIS
XELODA	Rx	Rx	ONCOLOGY
XEMBIFY	MB*	MB^	IMMUNE DEFICIENCIES AND RELATED DISORDERS
XENAZINE	Rx	Rx	MOVEMENT DISORDERS
XENPOZYME	MB	MB^	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
XEOMIN	MB	MB	BOTULINUM TOXINS
XERMELO	Rx†	Rx	ONCOLOGY
XGEVA	MB	MB	ONCOLOGY
XIAFLEX	MB	MB	DUPUYTREN'S CONTRACTURE
XIPERE	MB	MB	OCULAR DISORDERS
XOFIGO	MB	MB	ONCOLOGY
XOLAIR	Both*	Rx, MB^	ALLERGEN IMMUNOTHERAPY, ASTHMA
XOLREMDI	Rx†	Rx	IMMUNE DEFICIENCIES AND RELATED DISORDERS
XOSPATA	Rx	Rx	ONCOLOGY
XPOVIO	Rx†	Rx	ONCOLOGY
XTANDI	Rx	Rx	ONCOLOGY
XYNTHA	MB*	MB	HEMOPHILIA AND RELATED BLEEDING DISORDERS
XYREM	Rx†	Rx	SLEEP DISORDER
XYWAV	Rx†	Rx	SLEEP DISORDER
yargesa	Rx†	Rx	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
YERVOY	MB	MB^	ONCOLOGY
YESCARTA	MB	MB	ONCOLOGY
YESINTEK	Both*	Rx, MB	PSORIASIS
YONDELIS	MB		ONCOLOGY - INJECTABLE
YONSA	Rx	Rx	ONCOLOGY
YORVIPATH	Rx*†	Rx	HORMONAL THERAPIES

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
YUFLYMA	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
YUSIMRY	Rx*	Rx	INFLAMMATORY BOWEL DISEASE, PSORIASIS, RHEUMATOID ARTHRITIS
YUTIQ	MB		OCULAR DISORDERS
YUTREPIA	Rx	Rx	PULMONARY ARTERIAL HYPERTENSION
ZALTRAP	MB	MB	ONCOLOGY
ZARXIO	Rx*	Rx#	NEUTROPENIA
ZAVESCA	Rx†	Rx	LYSOSOMAL STORAGE DISORDERS AND RELATED DISORDERS
ZEJULA	Rx	Rx	ONCOLOGY
ZELBORAF	Rx	Rx	ONCOLOGY
ZEMAIRA	MB	MB^	ALPHA-1 ANTITRYPSIN DEFICIENCY
ZEPATIER	Rx	Rx	HEPATITIS C
ZEPOSIA	Rx	Rx	INFLAMMATORY BOWEL DISEASE, MULTIPLE SCLEROSIS
ZEPZELCA	MB	MB	ONCOLOGY
ZEVALIN	Rx†	Rx	ONCOLOGY
ZEVASKYN	MB	MB	DERMATOLOGICAL DISORDERS - OTHER
ZIEXTENZO	Rx*	Rx#	NEUTROPENIA
ZIIHERA	MB	MB	ONCOLOGY
ZILBRYSQ	Rx*†	Rx	NEUROMUSCULAR
ZILRETTA	MB		OSTEOARTHRITIS
ZIRABEV	MB	MB	OCULAR DISORDERS, ONCOLOGY
ZOKINVY	Rx†	Rx	RARE DISORDERS - OTHER
ZOLADEX	MB	MB	HORMONAL THERAPIES
ZOLEDRONIC	MB	MB	ONCOLOGY
ZOLGENSMA	MB	MB	NEUROMUSCULAR
ZOLINZA	Rx	Rx	ONCOLOGY
ZOMACTON	Rx*	Rx#	GROWTH HORMONE AND RELATED DISORDERS
ZORBTIVE	Rx*		GROWTH HORMONE AND RELATED DISORDERS
ZTALMY	Rx†	Rx	SEIZURE DISORDERS
ZURZUVAE	Rx	Rx	MENTAL HEALTH CONDITIONS
ZUSDURI	MB		ONCOLOGY

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Drug Name	Benefit Assignment	Prior Authorization Requirement	Therapeutic Category
ZYDELIG	Rx	Rx	ONCOLOGY
ZYKADIA	Rx	Rx	ONCOLOGY
ZYMFENTRA	Rx*	Rx	INFLAMMATORY BOWEL DISEASE
ZYNLONTA	MB	MB	ONCOLOGY
ZYNTEGLO	MB	MB	ANEMIA
ZYNYZ	MB	MB^	ONCOLOGY
ZYTIGA	Rx	Rx	ONCOLOGY

Products distributed by CVS Specialty, as well as products covered by a plan member's prescription or medical benefit plan may change from time to time. In addition, a plan member's specific benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.
CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The Blue Cross® and Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. ©2025. All rights reserved. 75-48656A 12092024

Benefit Assignment **MB = Medical benefit only, Rx = Pharmacy benefit only, Both = Medical and Pharmacy benefit, *Self injectable, † Limited Access- Please contact CVS Specialty for fulfillment options**

Prior Authorization **Rx = Prior Authorization required on pharmacy benefit, Rx# = Prior authorization also required if accessed on medical benefit**
MB = Prior authorization required on medical benefit, MB^ = Prior authorization required with site of care steerage on medical benefit

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 14858 Lexington, KY 40512
Email Address	**civilrightscoordinator@carefirst.com**
Telephone Number	410-528-7820
Fax Number	410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The BLUE CROSS® and BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their identification card. All others may call 1-855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

ማሳሰቢያ (Amharic)፦ ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀኖችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-5618 والانتظار طوال الحوار حتى يُطلب منهم الضغ طعلى الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意（Chinese）：此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您将會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به‌صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج‌شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره *855-258-6518* تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d’assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d’obtenir ces informations ainsi qu’une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d’adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu’à l’invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d’être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọ́kwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké ḿkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwụghị ụgwọ ọbụla. Ndi òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọ̀zọ́ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí shíį́ t'áá bich'į'jį' ha'át'íishíį́ ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahóziní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchíid hodoo'niidjį'. Naalnishí haadzíį'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरू सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te mana‘omia ai le faia o se gaioiga i nisi taimi fa‘agata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'ailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بار میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آ پ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنا چاہیے۔ باقی تمام لوگ *855-258-6518* پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائیلاگ پر انتظار کرنا چاہئیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آ پکا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhấn số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.