Specialty medication cost share drug list by therapeutic class

This list contains specialty medications included in the Specialty Medication Cost Share (SMCS) drug list and is updated three times per year. This list applies to large group SMCS plans on the July 2021 rider and later and small group SMCS plans on the January 2022 rider and later. This list of drugs includes majority of the medications within the covered therapeutic classes. Some of these medications might be excluded from benefit coverage. To find out if a drug is covered or if utilization management programs, such as Prior Authorization - Notification, Prior Authorization - Medical Necessity and/or Step Therapy (referred to as First Start in New Jersey) programs apply, please check your plan benefits on the health plan's member website or call the toll-free phone number on your member ID card. For the most up-to-date drug coverage information, please call Customer Care at the toll-free member phone number on your health plan ID card; or log in to **myuhc.com**® to learn more about your pharmacy benefit andmedication pricing.

Therapeutic Class	Drug Name	Therapeutic Class	Drug Name	Therapeutic Class	Drug Name
Anemia	Aranesp	Cancer	Daurismo	Cancer	Jaypirca
	Epogen	continued	Eligard	continued	Kisqali
	Procrit		Erivedge		Krazati
	Retacrit		Erleada		Koselugo
Asthma	Fasenra	_	Erlotinib		Lapatinib
	Nucala	-	Etoposide		Lenalidomide
	Xolair	_	Everolimus		Lenvima
Cancer	Abiraterone		Exkivity		Leuprolide
	Afinitor		Farydak		Lonsurf
	Afinitor Disperz		Fotivda		Lorbrena
	Akeega		Gavreto		Lumakras
	Alecensa		Gefitinib		Lynparza
	Alkeran		Gilotrif		Lytgobi
	Alunbrig		Gleevec		Matulane
	Ayvakit		Gleostine		Mekinist
	Balversa		Hycamtin		Mektovi
	Bexarotene		Ibrance		Melphalan
	Bosulif		Iclusig		Mesnex
	Braftovi		Idhifa		Nerlynx
	Brukinsa		Imatinib		Nexavar
	Cabometyx		Imbruvica		Nilandron
	Calquence		Inlyta		Nilutamide
	Capecitabine		Inqovi		Ninlaro
	Caprelsa		Inrebic		Nubeqa
	Cometriq		Intron A		Odomzo
	Copiktra		Iressa		
	Cotellic		Jakafi		



Bold = Brand Drug Name

Therapeutic Class	Drug Name	Therapeutic Class	Drug Name	Therapeutic Class	Drug Name
Cancer	Ojjaara	Cancer	Xalkori	Cystic Fibrosis	Tobramycin Nebulized
continued	Onureg	continued	Xeloda	continued	Solution 300 mg/4 mL
	Orgovyx		Xospata	_	Tobramycin Nebulized Solution 300 mg/5mL
	Orserdu	_	Xpovio	_	Trikafta
	Pemazyre		Xtandi	Endocrine	Betaine Anhydrous
	Piqray		Yonsa		Buphenyl
	Pomalyst		Zejula		Chenodal
	Purixan	_	Zelboraf		Clovique
	Pyrukynd		Zolinza		Cortrophin
	Qinlock		Zydelig		Cuprimine
	Retevmo	_	Zykadia	_	Cuvrior
	Revlimid	-	Zytiga	_	Cystadane
	Rezlidhia	Cardiovascular Cholesterol/ Lipid Lowering	Camzyos	-	Depen Titratabs
	Rozlytrek		Droxidopa		Dichlorphenamide
	Rubraca		Northera		Egrifta
	Rydapt		Vyndamax		Firmagon
	Scemblix		Vyndaqel	_	Gattex
	Sorafenib		Juxtapid	_	H.P. Acthar
	Sprycel				
	Stivarga	CNS Agents	Austedo	_	Isturisa
	Sunitinib		Austedo XR		Javygtor
	Sutent	-	Daybue	_	Jynarque
	Synribo		Enspryng		Keveyis
	Tabloid		Exservan		Korlym
	Tabrecta		Firdapse		Kuvan
	Tafinlar		Hetlioz		Lanreotide
	Tagrisso		Hetlioz LQ		Myalept
	Talzenna		Ingrezza		Mycapssa
	Tarceva		Radicava ORS		Natpara
	Targretin Capsules		Relyvrio	_	Octreotide
	Targretin Gel		Rilutek		Penicillamine
	Tasigna		Riluzole		Pheburane
	Tazverik		Sabril Powder Pack		Procysbi
	Temodar		Sabril Tablets	_	Ravicti
	Temozolomide		Skyclarys		Recorlev
	Tepmetko		Sod Oxybate		Samsca
	Thalomid		Tasimelteon		Sandostatin
	Tibsovo		Tetrabenazine	_	Sapropterin
	Tretinoin Capsules		Tiglutik		Signifor
	Truseltiq		Vigabatrin		Sodium
	Tukysa		Vigadrone		Phenylbutyrate
	Turalio		Xenazine		Somatuline Depot
	Tykerb	Cystic Fibrosis			Somavert
	Valchlor		Bronchitol		Syprine
	Vanflyta		Cayston		Thiola
	Venclexta		Kalydeco		Thiola EC
	Verzenio		Kitabis Pak		Tiopronin
	Vitrakvi		Orkambi		Tolvaptan
	Vizimpro		Pulmozyme		Trientine
	Vonjo		Symdeko	_	Voxzogo
			TOBI Nebulized		Xermelo
	Votrient		Solution		

Therapeutic Class	Drug Name	Therapeutic Class	Drug Name	Therapeutic Class	Drug Name
Enzyme	Carbaglu	Hemophilia	Benefix	Hereditary	Haegarda
Deficiency	Carglumic	continued	Coagadex	Angioedema continued	Icatibant
	Cerdelga		Corifact		Orladeyo
	Cholbam		Eloctate		Ruconest
	Cystagon		Esperoct		Takhzyro
	Galafold		Feiba	Immune Disorders Immune Modulator	Joenja
	Miglustat		Hemlibra		
	Nitisinone		Hemofil M		Actimmune
	Nityr		Humate-P		Arcalyst
	Olpruva		Idelvion		Tavneos
	Orfadin		Ixinity	Immunotherap	
	Palynziq		Jivi	Infections Infertility [†]	Arikayce
	Strensig		Koate		Daraprim
	Sucraid		Koate-DVI		Livtencity
	Tegsedi		Kogenate FS		Pyrimethamine
	Zavesca		Kovaltry		Cetrorelix
Gastrointesti-	Vowst		Mononine		Cetrotide
nal agents			Novoeight		Chorionic Gonadotropin
Genetic	Dojolvi		Novoseven RT	Inflammatory Conditions	Follistim AQ
Disorder	Vijoice		Nuwig		Fyremadel
	Zokinvy		Profilnine		Ganirelix Acetate
Growth	Genotropin		Rebinyn		Gonal-F
Hormone [†]	Humatrope		Recombinate		Gonal-F RFF
	Increlex		Rixubis		Menopur
	Ngenla		SevenFACT		Novarel
	Norditropin		Tretten		Ovidrel
	Nutropin AQ		Vonvendi		Pregnyl
	Omnitrope		Wilate		Actemra
	Saizen		Xyntha		Abrilada
	Serostim	— Hepatitis B	Adefovir		Adalimumab-adaz
	Skytrofa	перация в	Baraclude Solution		Adalimumab-fkjp
	Sogroya		Baraclude Tablets		Adbry
	Zomacton				Amjevita
	Zorbtive		Entecavir		Cimzia
Hematologic	Cablivi		Epivir HBV		Cibingo
	Doptelet		Hepsera		Cosentyx
	Empaveli		Lamivudine		Cyltezo
	Mozobil		Vemlidy		Dupixent
	Mulpleta	Hepatitis C	Epclusa		Emflaza
	Oxbryta		Harvoni Tab		Enbrel
	Plerixafor		Ledipasvir/Sofosbuvir		Hadlima
	Promacta		Mavyret		Hulio
	Rezurock		Pegasys		Humira
	Sajazir		Pegintron		Hyrimoz
	Tavalisse		Sofosbuvir/ Velpatasvir		Idacio
Hemophilia	Advate		Sovaldi		Ilumya
	Adynovate		Viekira Pak		Kevzara
	Afstyla		Vosevi		Kineret
	Alphanate		Zepatier		Litfulo
	Alphanine SD	Hereditary	Berinert		Olumiant
	Alprolix	Angioedema	Cinryze		Opzelura
	Altuviiio		Firazyr		Orencia
			Гладуг		

Therapeutic Class	Drug Name	Therapeutic Class	Drug Name	Therapeutic Class	Drug Name
Inflammatory	Otezla	Multiple	Fingolimod	Parkinson's	Apokyn
Conditions	Ridaura	 Sclerosis continued - 	Gilenya	Disease	Apomorphine
continued	Rinvoq		Glatiramer		Inbrija
	Siliq		Glatopa		Kynmobi
	Simponi		Kesimpta	Pulmonary	Esbriet
	Skyrizi		Mavenclad	Fibrosis	Ofev
	Sotyktu		Mayzent		Pirfenidone
	Stelara		Plegridy	Pulmonary	Adcirca
	Taltz	—	Ponvory	Hypertension	Adempas
	Tremfya	_	Rebif		Alyq
	Xeljanz		Tascenso ODT		Ambrisentan
	Xeljanz XR		Tecfidera		Bosentan
	Yuflyma		Teriflunomide		Letairis
	Yusimry		Vumerity		Ligrev
Iron Overload	Deferasirox		Zeposia		Opsumit
	Deferiprone	Narcolepsy	Lumryz		Orenitram
	Exjade		Wakix		Revatio
	Ferriprox		Xyrem		Sildenafil Suspension
	Jadenu		Xywav		Sildenafil Tablets
	Jadenu Sprinkle		Fulphila		Tadalafil PA
Kidney Disease	e Filspari		Fylnetra		Tadliq
	Tarpeyo		Granix		Tracleer
Liver Disease	Bylvay		Leukine		Tyvaso
	Livmarli		Neulasta		Tyvaso DPI
	Ocaliva		Neupogen		Uptravi
Lupus	Benlysta		Nivestym		Ventavis
	Lupkynis		Nyvepria	Seizures	Diacomit
Mental Health	Spravato	_	Releuko		Epidiolex
Metabolic bone	e Sohonos	_	Stimufend		Fintepla
disease		_	Udenyca		Ztalmy
Multiple	Ampyra		Zarxio	Spinal	Evrysdi
Sclerosis	Aubagio		Ziextenzo	Muscular	
	Avonex	Ophthalmic Agents	Cystadrops	Atrophy	
	Bafiertam		Cystaran		
	Betaseron		Oxervate		
	Copaxone	Osteoporosis	Forteo		
	Dalfampridine		Teriparatide		
	Dimethyl Fumarate		Tymlos		
	Extavia				

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This list is intended to be general and is subject to variation due to state law or mandate. Drugs may be added or removed. Exclusions and utilization management programs, such as Prior Authorization - Notification, Prior Authorization - Medical Necessity and/or Step Therapy (referred to as First Start in New Jersey) programs may apply. Please refer to plan benefit documents. Review your benefit plan documents to see what medications are covered under your plan. Where differences are noted between this list and your benefit plan documents, the benefit plan documents will govern. Please refer to myuhc.com for information on specific drugs included in these programs or call the member phone number listed on your health plan ID card.

[†] Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage.

CALIFORNIA HMO ONLY: For California HMO plans, certain injectable drugs are covered under the medical benefit. To understand your specific coverage for injectable and other specialty medications, please review the PDL booklet on myuhc.com, or call Customer Service at the number on the back of your card.

Not all plan designs cover all listed medications. Please refer to your benefit plan materials provided by your employer or health plan to determine which medications may be covered under your plan and to determine coverage limitations. Medications may also require sourcing through a Designated Specialty Pharmacy. Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you. All branded medications are trademarks or registered trademarks of their respective owners. This list does not apply to SignatureValue business administered by OptumRx*. UHC Level Funded

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