Specialty Medication Cost Share limited drug list by therapeutic class

This is the Specialty Medication Cost Share (SMCS) limited drug list. It includes most specialty medications for each therapeutic class. Some medications on the list may not be covered by your plan or may require prior authorization and/or step therapy (referred to as First Start in New Jersey). This list is updated 3 times per year. Medications on this list may have a higher cost-share than non-specialty medications.

Questions about your pharmacy benefit or how to obtain coverage for a medication?

Please call the toll-free phone number on your health plan ID card. Or sign in to **myuhc.com®** to learn more.

Therapeutic class	Drug name
Anemia	**Aranesp**
	Epogen
	Jesduvroq
	Procrit
	Retacrit
	Vafseo
Asthma	**Fasenra**
	Nucala
	Omlyclo
	Xolair
CNS Agents	**Daybue**
	Ensprynng
	Firdapse
	Leqembi IQLI
	Leqembi IQLK
	Skyclarys
Endocrine	**Acthar**
	Cortrophin
	Egrifta
	Firmagon
	Gattex
	Lanreotide
Endocrine continued	**Myalept**
	Natpara
	Octreotide
	Palsonify
	Sandostatin
	Signifor
	Somatuline Depot
	Somavert
	Yorvipath
Enzyme Deficiency	**Opfolda**
	Palynziq
	Sephience
	Strensiq
	Wainua
Genetic Disorder	**Rivfloza**
Growth Hormone†	**Genotropin**
	Humatrope
	Increlex
	Ngenla
	Norditropin
	Nutropin AQ
Growth Hormone† continued	**Omnitrope**
	Saizen
	Serostim
	Skytrofa
	Sogroya
	Zomacton
	Zorbtive
Hereditary Angioedema	**Andembry**
	Berinert
	Cinryze
	Ekterly
	Firazyr
	Haegarda
	Icatibant
	Orladeyo
	Ruconest
	Sajazir
	Takhzyro
Hematologic	**Cablivi**
	Mononine
	Mozobil

Bold type = Brand-name drug
Bold-italicized type = Biosimilar drug
Plain type = Generic drug

continued

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Therapeutic class	Drug name
Hematologic continued	**Plerixafor**
	Voydeya
Hemophilia	**Advate**
	Adynovate
	Afstyla
	Alhemo
	Alphanate
	Alphanine SD
	Alprolix
	Altuviiio
	Benefix
	Coagadex
	Corifact
	Eloctate
	Esperoct
	Feiba
	Hemlibra
	Hemofil M
	Humate-P
	Hympavzi
	Idelvion
	Ixinity
	Jivi
	Koate
	Koate-DVI
	Kogenate FS
	Kovaltry
	Novoeight
	Novoseven RT
	Nuwiq
	Profilnine
	Qfitlia
	Rebinyn
	Recombinate
	Rixubis
	SevenFACT
	Tretten
	Vonvendi
	Wilate
	Xyntha
Hepatitis C	**Epclusa**
	Harvoni
	Ledipasvir/ Sofosbuvir
	Mavyret
	Pegasys

Therapeutic class	Drug name
Hepatitis C continued	**Sofosbuvir-Velpatasvir**
	Sovaldi
	Vosevi
	Zepatier
Hepatitis D	**Hepcludex**
High Cholesterol	**Juxtapid**
Immune Disorders	**Joenja**
	Xolremdi
Immune Modulator	**Actimmune**
Infertility†	**Cetrotide**
	Cetrorelix
	Chorionic Gonadotropin
	Follistim AQ
	Fyremadel
	Ganirelix Acetate
	Gonal-F
	Gonal-F RFF
	Menopur
	Novarel
	Ovidrel
	Pregnyl
Inflammatory Conditions	***Abrilada***
	Actemra
	Adalimumab-aacf
	Adalimumab-aaty
	Adalimumab-adaz
	Adalimumab-adbm
	Adalimumab-bwwd
	Adalimumab-fkjp
	Adalimumab-ryvk
	Adbry
	Amjevita
	Avtozma
	Bimzelx
	Cibinqo
	Cimzia
	Cosentyx
	Cyltezo
	Dupixent
	Ebglyss
	Enbrel
	Entyvio

Therapeutic class	Drug name
Inflammatory Conditions continued	***Hadlima***
	Hulio
	Humira
	Hyrimoz
	Icotyde
	Idacio
	Ilumya
	Imuldosa
	Kevzara
	Kineret
	Leqselvi
	Litfulo
	Nemluvio
	Olumiant
	Omvoh
	Orencia
	Otezla
	Otezla XR
	Otulfi
	Pyzchiva
	Rinvoq
	Selarsdi
	Siliq
	Simlandi
	Simponi
	Skyrizi
	Sotyktu
	Spevigo
	Starjemza
	Stelara
	Steqeyma
	Taltz
	Tofacitinib
	Tremfya
	Tyenne
	Ustekinumab
	Ustekinumab-aauz
	Ustekinumab-aekn
	Ustekinumab-ttwe
	Velsipity
	Wezlana
	Xeljanz
	Xeljanz XR
	Yesintek
	Yuflyma
	Yusimry

Bold type = Brand-name drug ***Bold-italicized type*** = Biosimilar drug Plain type = Generic drug

continued

Therapeutic class	Drug name
Inflammatory Conditions continued	**Zymfentra**
Kidney Disease	**Trutakna**
	Voyxact
Liver Disease	**Iqirvo**
	Rezdiffra
Lupus	**Benlysta**
	Saphnelo
Metabolic Bone Disease	**Sohonos**
Multiple Sclerosis	**Ampyra**
	Aubagio
	Avonex
	Bafiertam
	Betaseron
	Cladribine
	Copaxone 20 mg
	Dalfampridine
	Dimethyl Fumarate
	Extavia
	Fingolimod
	Gilenya
	Glatiramer
	Glatopa

Therapeutic class	Drug name
Multiple Sclerosis continued	**Kesimpta**
	Mavenclad
	Mayzent
	Plegridy
	Ponvory
	Rebif
	Tecfidera
	Teriflunomide
	Vumerity
	Zeposia
Muscular Dystrophy	**Duvyzat**
Musculoskeletal Agents	**Voxzogo**
	Yuviwel
	Zilbrysq
Narcolepsy	**Lumryz**
	Sodium Oxybate
	Wakik
	Xyrem
	Xywav
Neutropenia	***Armlupeg***
	Filkri
	Fulphila
	Fylnetra
	Granix

Therapeutic class	Drug name
Neutropenia continued	**Leukine**
	Neulasta
	Neupogen
	Nivestym
	Nypozi
	Nyvepria
	Releuko
	Rolvedon
	Stimufend
	Udenyca
	Zarxio
	Ziextenzo
Osteoporosis	**Bonsity**
	Forteo
	Teriparatide
	Teriparatide
	Tymlos
Parkinson's Disease	**Apokyn**
	Apomorphine

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This list is intended to be general and is subject to variation due to applicable state laws. Not all plans cover all listed medications. Exclusions and utilization management programs, such as Prior Authorization - Notification, Prior Authorization - Medical Necessity and/or Step Therapy programs may apply. Medications may also require sourcing through a Designated Specialty Pharmacy. Drugs may be added or removed from this list. Please refer to your benefit plan documents to understand your specific coverage. Where differences are noted between this list and your benefit plan documents, the benefit plan documents will govern. Please refer to myuhc.com for specific coverage information 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.

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