



OMAHA FIREFIGHTERS HEALTHCARE TRUST
COST PLUS PLAN ONE
Effective January 1, 2025
Group #870941

PLEASE CONTACT IMAGINE360 OR THE PPO NETWORK AT THE PHONE NUMBER OR WEBSITE SHOWN ON YOUR PLAN I.D. CARD FOR INFORMATION ABOUT WHICH PROVIDERS ARE INCLUDED.

DEDUCTIBLE AND ANNUAL OUT-OF-POCKET MAXIMUM COST PLUS PLAN – PLAN 1 Major Medical – Prescriptions with deductible	FACILITY, CHI, PHCS and Multiplan Providers	Non-PPO Providers
Calendar Year Deductible - Per Individual - Family Limit	\$500 \$1,000	\$1,000 \$2,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible, all Co-pays and Rx) - Per Individual - Family Limit	\$1,200 \$2,200	\$1,700 \$3,200

LEVEL I FACILITY BENEFITS – Payment Levels:

This section applies to covered expenses for services rendered by Hospitals and other types of facilities.

BENEFIT PERCENTAGE FOR:	MAXIMUM BENEFITS, LIMITS & PROVISIONS	
Inpatient Hospital Services	90% after Deductible	UR Notification required, \$500 non-compliance penalty for failure to Notify.
Maternity and Routine Newborn Care Inpatient Hospital Services	90% after Deductible	Contact UR Company for coordination of care.
Rehabilitation Facility and Skilled Nursing Facility	90% after Deductible	UR Notification required.
Hospital Services for Mental/ Nervous Disorders, Chemical Dependency, Drug and Substance Abuse Inpatient/Residential Treatment Facilities	90% after Deductible	UR Notification required.
Hospital Emergency Room	90% after deductible	
Outpatient Surgical Facility	90% after Deductible	
Outpatient Therapy/Other Services Physical & Speech Therapy Occupational Therapy Pulmonary Therapy Cardiac Rehabilitation Therapy Chemotherapy, Dialysis, Radiation Therapy	90% after Deductible 90% after Deductible 90% after Deductible 90% after Deductible 90% after Deductible	CYM 60 visits CYM 36 visits CYM 18 visits UR Notification required
Outpatient Diagnostic Services Select Diagnostic Procedures (CT Scans, MRIs, PET Scans, etc.)	90% after Deductible	UR Notification required.
All Other Diagnostic Lab and X-ray	90% after Deductible	UR Notification required for MRI, MRA, CT and PET
Preventive and Wellness Lab and X-ray	100%; Deductible waived	



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LEVEL II PROVIDER BENEFITS – Payment Levels and Limits:

This section applies to Providers of services defined below. Benefits shown are available **based upon the Provider's participation in the Provider Group.**

This section applies to Physicians and all other Providers of service not included as Facility Providers or Select Provider Group. Benefits shown are available **based upon the Provider's participation in the PPO network.**

BENEFIT PERCENTAGE FOR:	CHI, PHCS and MultiPlan Providers	Non-PHCS Providers	
Physician Hospital Visits/Surgeon/Anesthesia	90% after Deductible	70% after Deductible	
Physician Hospital Visit for Mental & Nervous Disorders/Chemical Dependency, Drug and Substance Abuse	90% after Deductible	70% after Deductible	
Maternity (Including Prenatal delivery and Postnatal care) Lab and X-Ray Benefit Applies	90% after Deductible	70% after Deductible	Contact UR Company for coordination of care.
Routine Newborn Care (Pediatric care to date of mother's discharge.)	90% after Deductible	70% after Deductible	
Office Visit (includes Exam, Treatment, X-ray includes select diagnostic medical procedures, Allergy Injections, Testing & Serum, Office Surgery)	90% after Deductible	70% after Deductible	
TMJ Services	90% after Deductible	70% after Deductible	Limited to \$2,500 per Lifetime
Mental/Nervous Disorders and Substance Abuse Office Visits	90% after Deductible	70% after Deductible	
Urgent Care Facility	90% after Deductible	70% after Deductible	
Infertility Services (Includes Diagnostic Testing and Treatment)	90% after Deductible	70% after Deductible	
Select Diagnostic Medical Procedures CT Scans, MRIs, PET Scans, etc.(Physician's Office or Freestanding Facility)	90% after Deductible	70% after Deductible	UR Notification required.
Diagnostic Lab/X-ray (Freestanding Facility, Independent Lab or Physician's Office)	90% after Deductible	70% after Deductible	
KIS Imaging Radiological Benefit (CT scans, PET scans, MRIs)	100% of KIS Imaging negotiated rate Deductible waived	100% of KIS Imaging negotiated rate Deductible waived	Call 888-458-8746 to schedule appointment <i>No UR Notification Required.</i>
Outpatient Therapy/Other Services Physical & Speech Therapy Occupational Therapy Pulmonary Therapy Cardiac Rehabilitation Therapy Chemotherapy, Dialysis, Radiation Therapy Chiropractic, Acupuncture, Massage	90% after Deductible 90% after Deductible 90% after Deductible 90% after Deductible 90% after Deductible 90% after Deductible	70% after Deductible 70% after Deductible 70% after Deductible 70% after Deductible 70% after Deductible 70% after Deductible	CYM 60 visits CYM 36 Visits CYM 18 visits UR Notification required CYM 30 Visits
Vision Correction Surgery	90% after Deductible	70% after Deductible	Benefits for employee only
Home Health Services	90% after Deductible	70% after Deductible	Contact UR Company for coordination of care. CYM 60 visits



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BENEFIT PERCENTAGE FOR:	LEVEL II BENEFIT		LIMITS & PROVISIONS
Hospice (Inpatient Hospice and Home Hospice)	90% after Deductible	70% after Deductible	UR Notification required for Inpatient Hospice. 180 day limit.
Durable Medical Equipment	90% after Deductible	70% after Deductible	UR Notification Required
Prosthetic Devices and Orthotics	90% after Deductible	70% after Deductible	UR Notification Required
Ambulance Services	90% after Deductible	90% after Deductible	Non-Emergency use N/C
All Other Provider Covered Physician Services	90% after Deductible	70% after Deductible	
We Care Providers – Initial Visit We Care Providers – Subsequent Visits	100% Deductible Waived 90% after Deductible	Benefits limited to Firefighters – Active and Retirees Only Refer to We Care provider list at www.ofht.org	
We Care Providers – Initial Visit We Care Providers – Subsequent Visits	90% after Deductible 90% after Deductible	Benefits for participating spouses and child(ren) Refer to We Care provider list at www.ofht.org	

Preventive and Wellness Care Benefits

This benefit is payable for Covered Procedures incurred as part of a Preventive and Wellness Care Program and is not payable for treatment of a diagnosed illness or injury. Services must be identified and billed as routine or part of a routine physical exam/or as specified below.

BENEFIT PERCENTAGE FOR:	LEVEL II BENEFIT	LIMITS & PROVISIONS
All Covered Wellness Benefits	100%; Deductible waived	
Examples of Covered Wellness Procedures to include but are not limited to: <ol style="list-style-type: none"> 1) Routine Physical Exam 2) Annual Well Woman Exam 3) *Annual Pap smear and other routine lab 4) *Annual Routine Mammogram 5) *Bone Density test 6) Annual PSA test 7) Well Baby Care Exam/Well Child Care Exam 8) Hearing Screenings for newborns 9) Routine Immunizations 10) Flu vaccine/pneumonia vaccine 11) *Routine lab, x-ray, diagnostic testing and other medical screenings 12) Smoking/Tobacco Use Cessation 13) *All FDA-approved Women’s Contraceptive methods/Sterilization procedures 14) *Routine Colonoscopy (includes polyp removal) 		

* If these services are rendered by providers billing as a Facility, please refer to the appropriate category under Level 1 for the benefit.

Routine Vision (Includes Refraction)	CHI Health Partners, PHCS, Multiplan Providers Covered 100%, Deductible Waived	Non network providers Not Covered
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*Contracted Facilities- CHI Hospitals, The Urology Center and Omaha Surgical Center



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PRESCRIPTION DRUGS *	Network	Out of Network
Retail: Non Maintenance Pass through; Member Pays 100% at the Pharmacy (30 Day Supply) Mail Order Excluded	10% after Deductible	30% after PPO Deductible
*Retail: Maintenance Pass through; Member Pays 100% at the Pharmacy (90 Day Supply required) Mail Order Excluded		
**Specialty Drugs – SEE BELOW.	** Not Covered	** Not Covered
Medication required as part of preventive care services (detailed information is available at www.healthcare.gov) are covered at 100% with no copayment or deductible. Oral Chemotherapy Drugs with IV Equivalents	Deductible waived-\$0 Coinsurance	30% Coinsurance PPO Deductible Applies

*Retail Maintenance – you may now have the option to receive your high-cost medications through Rx Valet with a possibility of \$0 cost to you. Please see the next page for more information. If your medication qualifies, Rx Valet will reach out to you to see if you are interested in enrolling. If you choose not to enroll then you can continue to fill at a retail pharmacy or use Serve You Rx Mail Order.

**For Specialty Drug coverage, the Plan has partnered with Serve You Rx and Rx Valet to provide your Specialty medications at a \$0 co-payment for high-cost specialty. This program will become effective January 1, 2025. You may speak to a Certified Pharmacy Technician at Serve You Rx with questions or receive additional information on these programs by calling 800-759-3203 Option 2. See flyer attached titled Specialty Assist Program.

Note: This specialty drug program does not apply to or include CAR-T/gene therapy.

Serve You Rx Customer Service can be contacted at 800-759-3203 as listed on your member ID card for all other pharmacy needs and information.

Specialty Assist Program

HOW IT WORKS



If you are taking a specialty medication, a member of the Serve You Rx patient access team will contact you to describe SYRx Specialty Assist and answer your questions about the program.



Serve You Rx's patient access team will work with you to complete the financial assistance application(s). Be prepared to provide information from your most recent tax return, W2 form, or pay stub.



Serve You Rx works directly with your prescriber to complete the doctor or prescriber section of the paperwork.



Serve You Rx works directly with the assistance program to confirm program participation, if qualified, and schedule delivery of the medication to your preferred location.

What is a specialty drug?

High-cost prescription medications used to treat complex, chronic conditions like cancer, rheumatoid arthritis, and multiple sclerosis.

Which specialty drugs are included in SYRx Specialty Assist?

All specialty medications on the SYRx specialty drug list are included under the program.

What do I have to do?

Work with the patient access team and your prescriber to enroll in SYRx Specialty Assist. You will need to submit income verification for your household as part of this process (i.e., most recent tax return).

What if I don't qualify?

If you do not qualify for a drug manufacturer or patient assistance program, a member of the Serve You Rx patient access team will contact you to discuss other options for access to your specialty drug treatment.

Questions about Serve You Rx Specialty Assist? Call 800-759-3203, press option 2. To view the Serve You Rx Specialty Drug List, visit ServeYouRx.com/members.

Lower Cost Prescriptions with Rx Valet

Your plan added Rx Valet to your pharmacy benefit, so you have more options for safe and cost-effective prescription medications. Rx Valet works with trusted pharmacy partners domestically and internationally to bring you high-cost prescriptions for little or no cost.

You can rest assured that the branded medications come from the same manufacturers that produce them for the US market.

HOW YOU BENEFIT

- **Save Money** with Rx Valet. You can reduce or eliminate co-pays or co-insurance. Medications are shipped from other US pharmacies or countries that meet or exceed US FDA standards, including Canada, the United Kingdom, Israel, Australia, New Zealand, and Germany.
- **Safe Delivery** of temperature-controlled medications like insulin. Medications that require temperature controls are shipped in cold-chain containers to reach the destination at the right temperature.

WHAT YOU CAN EXPECT

Your plan uses Rx Valet to contain costs associated with high-priced medications. If your prescription meets a cost threshold defined by your plan, Rx Valet will reach out to you to get your medication filled.

- You will be able to fill your medication at your regular pharmacy up to two times before switching to Rx Valet.
- Before your third fill, Rx Valet will contact you by phone to set up your next medication refill.
- Once Rx Valet reaches out to you, you will receive your medications at little or no cost.
- Shipping typically takes around 15 days.
- If you opt out of using Rx Valet, you will not receive the program's savings benefits.
- **For Specialty drugs**, you will not be able to fill your medications at a retail pharmacy. Instead, you will go through Rx Valet or our other specialty programs.

International Sourcing FAQs

Rx Valet uses domestic and international pharmacies to find the lowest-cost medications. .

What is International Prescription Sourcing?

Rx Valet works with international pharmacy partners to get you lower-cost prescriptions. In many cases, this eliminates co-pays or co-insurance.

How Are Medications Shipped?

If a pill or capsule is being shipped, it is usually mailed through USPS. Sometimes, FedEx, DHL, and UPS are used when cold chain shipping is necessary. All packages are shipped using a tracking number that you can request.

Is International Sourcing Safe?

International sourcing imports the same branded or generic medications from countries with lower pricing than the US. The branded medications come from the same manufacturers that produce the medications available in the US. Rx Valet carefully reviews pharmacy partners for quality, shipping time, and accuracy for the best possible service.

How Long Does It Take to Get Medication?

It normally takes about fifteen (15) days from when Rx Valet gets the prescription from the provider. You will be able to fill your medication at your local pharmacy up to two times while Rx Valet processes your prescription.

Contact Rx Valet directly for help with medications filled by Rx Valet: 1-855-798-2538

Specialty Drug List

July 2024

Preferred brand-name drugs are listed in bold. *Generic drugs are listed in bold and italicized.* Some medications are noted with letters or symbols next to them. The letters and symbols refer to pharmacy benefit programs and are provided to help you check which medications may have a program or limit. Your benefit plan determines how these medications may be covered for you.

* Limited distribution

PA Prior Authorization

E Excluded May be excluded from coverage or subject to prior authorization. Lower cost options are available and covered.

S Split-fill First two fills restricted to a maximum 15-day supply.

C CAAP Rx Specialty medication copay program.

Blood Disorders/ Blood Cell Deficiency

Adakveo*^{PA}
 Adzynma*^{PA}
 Alvaiz^{PA}
 Aphexda^{PA}
Aranesp^{PA}
 Casgev^{PA}
 Ceprotin*
 Coagadex*
Corifact*
 Cosela^{PA E}
 Empaveli*^{PA}
 Enjaymo*^{PA}
 Epogen^{PA E}
 Fabhalta*^{PA}
Fibryga*
 Fulphila^{PA E}
 Fylnetra^{PA E}
 Granix^{PA E}
 Javygtor^{PA E}
 Jesduvroq*^{PA E}
 Kcentra*
 Kuvan^{PA E C}
 Leukine^{PA}
 Lyfgenia*^{PA}
 Mircera^{PA}
Mozobil^{PA}
Mulpleta^{PA}
 Neulasta^{PA}
 Neupogen^{PA E}
Nivestym^{PA}
 Nplate^{PA}
 Nyvepria^{PA E}
 Oxbryta*^E

plerixafor^{PA}
Procrit^{PA}
 Promacta^{PA C}
 Pyrukynd*^{PA}
 Reblozyl*^{PA}
 Releuko^{PA E}
Retacrit^{PA}
Riastap*
 Rolvedon^{PA E}
 Ryplazim*^{PA}
sapropterin^{PA C}
 Scenesse*
 Soliris*^{PA}
 Stimufend^{PA E}
 Tavalisse*^{PA C}
 Thrombate III
 Tretten*
 Udenyca^{PA}
 Ultomiris*^{PA C}
 Vonvendi*
 Voydeya*^{PA}
Wilate
Zarxio^{PA C}
 Ziextenzo^{PA E}
 Zynteglo*^{PA}

Gaucher Disease

Cerdelga*^{PA}
 Cerezyme^C
 Elelyso*
miglustat^{PA}
 Vpriv*
Yargesa*^{PA}
 Zavesca*^{PA}

Growth Hormones

Genotropin^{PA E}
 Humatrope^{PA E C}
Increlex*^{PA}
 Ngenla^{PA}
Norditropin^{PA C}
Nutropin AQ^{PA C}
Omnitrope^{PA C}
 Saizen^{PA E}
 Serostim^{PA}
 Skytrofa^{PA C}
 Sogroya^{PA E}
 Zomacton^{PA E}
 Zorbtive^{PA}

Hemophilia

Advate*
 Adynovate*
 Afstyla*
Alphanate*
Alphanine SD*
 Alprolix*
 Altuviio*
Benefix*
 Eloctate*
 Esperoct*
Feiba*
 Hemgenix*
 Hemlibra*^{PA C}
 Hemofil M*
Humate-P*^C
 Idelvion*
 Ixinity*
 Jivi*
Koate*

Kogenate FS*

Kovaltry*
Novoeight*
 Novoseven RT*
Nuwiq*
 Obizur*
Profilnine*
 Rebinyn*
Recombinate*
 Rixubis*
 Roctavian*
 Sevenfact*^E
Xyntha*

Hepatitis

Eplclusa^{PA C}
Harvoni^{PA C}
 Intron A*
 Ledipasvir-Sofosbuvir^{PA E}
Mavyret^{PA C}
Pegasys^{PA}
ribavirin^{PA}
 Sofosbuvir-Velpatasvir^{PA E}
 Sovaldi^{PA C}
 Viekira Pak^{PA}
Vosevi^{PA C}
 Zepatier^{PA}

Hyper- cholesterolemia

Evkeeza*^{PA}
 Juxtapid*^{PA}

Infertility

cetrotrelis

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Cetrotide^E
 Chorionic gonadotropin
Follistim AQ^{PA}
Fyremadel
ganirelix
 Gonal-F^{PA E}
Lupron
 Menopur^{PA}
 Novarel
 Ovidrel
 Pregnyl

Inflammatory (RA, Crohns, Psoriasis)

Abrilada^{PA E C}
 Actemra^{(*IV) PA C}
 Adalimumab-aac^{f PA E}
 Adalimumab-aat^{y PA E}
Adalimumab-adaz^{PA}
Adalimumab-adbm^{(Boehr Ingl) PA, C}
 Adalimumab-adbm^{(Qualient) PA}
 Adalimumab-fkjp^{PA E C}
 Adalimumab-ryvk^{PA}
Amjevita^{(preferred NDCs) PA C}
 Amjevita^{(non-preferred NDCs) PA C}
Avsola^{PA C}
 Bimzelx^{PA E}
Cimzia^{PA C}
 Cosentyx^{PA E C}
Cyltezo^{PA C}
Enbrel^{PA C}
 Entyvio^{PA C}
 Hadlima^{PA E C}
 Hulio^{PA E C}
Humira^{(Abbvie) PA C}
 Humira^{(Cordavis) PA E}
Hyrimoz^{(Sandoz) PA C}
 Hyrimoz^{(Cordavis) PA E}
 Idacio^{PA E C}
 Ilumya^{PA C}
Inflectra^{PA C}
 Infliximab^{PA E C}
 Kevzara^{PA C}
 Kineret^{*PA}
 Olumiant^{PA C}
 Omvoh^{PA}
 Orenicia^{PA C}
Otezla^{PA C}
 Remicade^{PA E C}
 Renflexis^{PA E C}
 Ridaura
Rinvoq^{PA C}

Siliq^{*PA C}
 Simlandi^{PA}
Simponi^{PA C}
Simponi Aria^{PA C}
Skyrizi^{PA C}
 Sotyktu^{PA C}
 Spevigo^{*PA}
Stelara^{PA C}
 Taltz^{PA C}
 Tofidence^{*PA C}
Tremfya^{PA C}
 Tyenne^{PA}
 Velsipity^{PA E}
Xeljanz/XR^{PA C}
 Yuflyma^{PA E C}
 Yusimry^{PA E C}
 Zymfentra^{PA}

Immune Deficiency

Actimmune^{*PA}
 Alyglo^{PA}
 Asceniv^{*PA E}
 Bivigam^{PA}
 Cutaquig^{PA E C}
 Cuvitru^{*PA}
Cytogam^{PA}
 Flebogamma^{PA}
Gamastan^{PA}
 Gammagard^{*PA C}
 Gammaked^{*PA}
 Gammplex^{PA}
 Gamunex-C^{*PA C}
 Hizentra^{*PA C}
Hyperrho S/D
 Hyqviva^{*PA}
Micrhogam
 Octagam^{PA}
 Panzyga^{PA E C}
 Privigen^{PA}
Rhogam Plus
Winrho SDF
 Xembify^{PA}

Multiple Sclerosis

Acthar^{*PA}
 Ampyra^{*PA E C}
 Aubagio^{PA E C}
Avonex^{PA C}
Bafiertam^{*PA}
Betaseron^{PA C}
 Briumvi^{*PA}
 Copaxone 20mg^{PA E C}

Copaxone 40mg^{PA C}
Cortrophin^{*PA}
dalfampridine^{PA}
dimethyl fumarate^{PA}
 Extavia^{PA E}
 fingolimod^{PA}
 Gilenya^{PA E C}
glatiramer^{PA C}
Glato^{PA C}
Kesimpta^{PA C}
 Lemtrada^{*PA}
 Mavenclad^{*PA C}
 Mayzent^{*PA C}
mitoxantrone^{PA}
 Ocrevus^{*PA C}
 Plegridy^{*PA E}
 Ponvory^{*PA E}
 Rebif^{PA E C}
 Tascenso ODT^{PA E}
 Tecfidera^{*PA E C}
teriflunomide^{PA C}
 Tysabri^{PA}
Vumerity^{*PA C}
 Zeposia^{PA C}

Oncology

Abecma^{*PA}
abiraterone^{PA S}
Abraxane^C
Adcetris^{*PA}
adriamycin
 Adstiladrin^{*PA}
 Afinitor^{PA S E C}
 Afinitor Disperz^{PA S E C}
 Akeega^{*PA E}
Alecensa^{*PA}
 Alimta^{*PA C}
 Aliqopa^{*PA}
 Alkeran
Alunbrig^{*PA}
 Alymsys^{*PA E}
 Amtagvi^{*PA}
 Anktiva^{*PA}
 Arranon
arsenic trioxide
Arzerra^{*PA}
 Asparlas^{*}
 Augtyro^{*PA S}
 Avastin^{*}
 Ayvakit^{*PA S}
azacitidine
 Balversa^{*PA S}
 Bavencio^{*PA}
 Beleodaq^{*PA}
 Belrapzo^{PA E}
bendamustine^{PA}
 Bendamustine^{PA E}
 Bendeka^{PA}
 Besponsa^{*PA}
 Besremi^{*PA E C}
bexarotene^{PA S}
bexarotene gel^{PA}
 BICNU
 Blenrep^{*PA}
bleomycin
 Blincyto^{*PA}
bortezomib^{PA}
 Bosulif^{*PA S}
 Braftovi^{*PA S C}
 Breyanzi^{*PA}
 Brukinsa^{*PA S}
busulfan
 Busulfex
Cabometyx^{*PA C}
 Calquence^{*PA S}
 Camcevi^{PA}
 Camptosar
capecitabine
Caprelsa^{*PA}
carboplatin
carmustine
 Carvykti^{*PA}
cisplatin
cladribine
clofarabine^{*}
 Clolar^{*}
 Columvi^{*PA}
 Cometriq^{*PA S}
 Copiktra^{*PA S}
 Cosmegen
 Cotellic^{*PA}
cyclophosphamide
 Cyramza^{*PA}
cytarabine
dacarbazine
 Dacogen^{*PA}
dactinomycin
 Danyelza^{*PA}
 Darzalex^{*PA}
 Darzalex Faspro^{*PA E}
daunorubicin
 Daurismo^{*PA S}
decitabine
dexrazoxane
docetaxel
 Docivyx

* **Limited distribution**
^{PA} **Prior Authorization**

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^S **Split-fill** First two fills restricted to a maximum 15-day supply.
^C **CAAP Rx** Specialty medication copay program

Doxil
doxorubicin
 Elahere^{*PA}
 Eligard^{PA}
 Ellence
 Elrexfio^{*PA}
 Elzonris^{*PA}
 Empliciti^{*PA}
 Enhertu^{*PA}
 Epkinly^{*PA}
Erbix^{PA}
 Erivedge^{*PA S}
 Erleada^{*PA C}
erlotinib^{*PA S}
 Ethyol
 Etopophos
etoposide
everolimus^{PA S}
 Evomela
 Exkivity^{*PA S C}
 Farydak^{*PA}
 Faslodex^{PA C}
 Firmagon^{PA}
floxuridine
fludarabine
fluorouracil
 Folutyn^{PA C}
 Fotivda^{*PA E}
 Fruzaqla^{*PA}
fulvestrant^{PA}
 Fyarro^{*PA}
 Gavreto^{*PA}
 Gazyva^{*PA}
gefitinib^{*PA}
gemcitabine
 Gilotrif^{*PA}
 Gleevec^{PA S(100mg) E C}
 Gleostine
Halaven^{PA C}
 Herceptin^{*PA}
 Herceptin Hylecta^{*PA}
 Herzuma^{*PA E}
 Hycamtin
hydroxyprogesterone caproate^{PA}
 Ibrance^{*PA C}
 Iclusig^{*PA S}
 Idamycin PFS
idarubicin
 Idhifa^{*PA}
 Ifex
ifosfamide
imatinib^{PA}
 Imbruvica Cap^{*PA C}

Imbruvica Tab^{*PA C E (140, 280mg)}
 Imfinzi^{*PA}
 Imjudo^{*PA}
 Imlygic^{*}
 Infugem
 Inlyta^{*PA S C}
 Inqovi^{*PA E}
 Inrebic^{*PA S}
 Iressa^{*PA}
irinotecan
 Istodax^{*PA}
 Iwilfin^{*PA}
Ixempra^{PA C}
Jakafi^{*PA S C}
 Jaypirca^{*PA S}
 Jelmyto^{*}
 Jemperli^{*PA}
Jevtana^C
 Kadcyca^{*PA C}
Kanjinti^{*PA}
 Kemoplast
 Keytruda^{*PA C}
 Kimmtrak^{*PA}
 Kisqali^{PA C}
 Kisqali Femara
 Co-pack^{PA C}
 Koselugo^{*PA}
 Krazati^{*PA}
 Kymriah^{*PA}
Kyprolis^{*PA}
lapatinib^{PA}
lenalidomide^{*PA C (Alvogen, Teva)}
 Lenvima^{*PA C}
leuprolide^{PA}
 Leuprolide 22.5mg^{PA}
 Libtayo^{*PA}
 Lonsurf^{*PA}
 Loqtorzi^{*PA}
 Lorbrena^{*PA S}
 Lumakras^{*PA S C}
 Lumoxiti^{*PA}
Lunsumio^{*PA}
Lupron Depot^{PA}
Lynparza^{*PA C}
 Lytgobi^{*PA S}
 Margenza^{*PA}
Matulane^{*}
 Mekinist Tab^{PA S C}
 Mekinist Soln^{PA C}
 Mektovi^{*PA S}
melphalan
mesna
 Mesnex
mitomycin

Monjuvi^{*PA}
Mutamycin
Mvasi^{*PA}
 Mylotarg^{*PA}
nelarabine
 Nerlynx^{*PA S}
 Nexavar^{*PA S C}
 Nilandron^{PA}
nilutamide
 Ninlaro^{*PA}
 Nipent
 Nubeqa^{*PA C}
 Odomzo^{*PA}
 Ogivri^{*PA E}
 Ojemda^{*PA}
 Ojjaara^{*PA E}
 Omisirge^{*PA}
Oncaspar^{*}
 Onivyde^C
 Ontruzant^{*PA E}
 Onureg^{*PA}
 Opdivo^{*PA C}
 Opdualag^{*PA}
 Orgovyx^{*PA}
 Orserdu^{*PA S}
oxaliplatin
paclitaxel
 Paclitaxel protein-bound
 Padcev^{*PA}
Paraplatin
pazopanib^{PA S}
 Pemazyre^{*PA E}
 Pemetrexed^{*PA}
 Pemfexy^{*PA}
 Pemrydi RTU^{*PA}
Perjeta^{*PA}
Phesgo^{*PA}
 Photofrin
 Piqray^{*PA C}
 Pluvicto^{*PA}
 Polivy^{*PA}
 Pomalyst^{*PA C}
 Portrazza^{PA}
 Poteligeo^{*PA}
 Pralatrexate^{PA}
Proleukin
Provenge^{*PA}
 Purixan^{*}
 Qinlock^{*PA}
 Retevmo^{*PA C}
Revlimid^{*PA C}
 Rezlidhia^{*PA S E}
 Riabni^{*PA E}

Rituxan^{*PA}
 Rituxan Hycela^{*PA}
romidepsin^{*PA}
 Rozlytrek^{*PA}
 Rubraca^{*PA E}
Ruxience^{*PA}
 Rybrent^{*PA}
 Rydapt^{*PA}
 Rylaze^{*PA E}
 Sarclisa^{*PA}
 Scemblix^{*PA C}
sorafenib^{PA S}
Sprycel^{PA S C}
Stivarga^{*PA C}
sunitinib^{*PA S}
 Sutent^{*PA S E C}
 Synribo^{PA}
Tabloid^{*}
 Tabrecta^{*PA}
 Tafinlar Cap^{PA S C}
 Tafinlar Susp^{PA C}
 Tagrisso^{*PA C}
 Talvey^{*PA}
 Talzenna^{PA S E C}
 Tarceva^{*PA S}
 Targretin^{PA S E C}
 Targretin gel^{PA C}
 Tassigna^{PA S C}
 Tazverik^{*PA E}
 Tecartus^{*PA}
 Tecentriq^{*PA}
 Tecvayli^{*PA}
 Temodar^{PA}
temozolomide^{PA}
temsirrolimus
 Tepadina
 Tepmetko^{PA S E}
Thalomid^{*PA}
thiotepa
Thyrogen^{PA C}
 Tibsovo^{*}
Tice BCG
 Tivdak^{*PA}
Toposar
topotecan
 Totect
Trazimera^{*PA}
 Treanda^{PA E}
 Trelstar^{PA}
tretinoin^{*}
 Trisenox
 Trodelvy^{*PA}
 Truqap^{*PA}

* **Limited distribution**
 PA **Prior Authorization**

E **Excluded** May be excluded from coverage or subject to prior authorization. Lower cost options are available and covered.

S **Split-fill** First two fills restricted to a maximum 15-day supply.
 C **CAAP Rx** Specialty medication copay program

Truxima*^{PA E}
 Tukysa*^{PA C}
 Turalio*^{PA S}
 Tykerb*^{PA}
 Unituxin^{PA}
 Valchlor Gel*^{PA}
valrubicin
 Valstar
 Vanflyta*^{PA}
 Vectibix^{PA}
 Vegzelma*^{PA E}
 Velcade^{PA}
 Venclexta*^{PA C}
 Verzenio*^{PA C}
 Vidaza^{PA C}

vinblastine
Vincasar PFS

vincristine
vinorelbine

Vitrakvi*^{PA S C}
 Vivimusta^{PA E}
 Vizimpro*^{PA S}
 Vonjo*^{PA}
 Votrient^{PA S C}
 Vyxeos*^{PA}
 Welireg*^{PA C}
 Xalkori*^{PA S E}
 Xeloda

Xospata*^{PA}
 Xpovio*^{PA S}
 Xtandi*^{PA S C}
Yervoy*^{PA}
 Yescarta*^{PA}
 Yondelis*
 Yonsa^{PA S E C}

Zaltrap*^{PA}

Zanosar
Zejula*^{PA}

Zelboraf*^{PA S}
 Zepzelca*^{PA}
 Zevalin*

Zirabev*^{PA}
 Zoladex^C

Zolinza^{PA S}
 Zydelig*^{PA}
 Zykadia*^{PA S}
 Zynlonta*^{PA}
 Zynyz^{PA}
 Zytiga^{PA S E C}

Osteoporosis

Evenity^{PA C}
 Forteo^{PA E C}

Prolia^{PA C}
teriparatide 600mg^{PA}
Teriparatide 620mg^{PA}
Tymlos*^{PA C}

Pulmonary Disorders

Aralast NP*^{PA}
 Arikayce^{PA}
 Bethkis*^{PA E}
 Bronchitol*^{PA}
 Cayston*^{PA E}
 Cinqair^{PA C}
 Esbriet^{PA E}
Fasenra*^{PA C}
 Glassia*^{PA}
 Kalydeco*^{PA C}
 Kitabis^{PA E}
Nucala^{PA C}
 Ofev*^{PA C}
 Orkambi*^{PA C}
pirfenidone^{PA}
 Prolastin-C*^{PA}
Pulmozyme^{PA C}
 Symdeko*^{PA C}
Synagis*^{PA C}
Tezspire*^{PA C}
 TOBI Neb^{PA E}
 TOBI Podhaler
tobramycin neb
 Tobramycin neb (Genericus)^{PA E}
 Trikafta*^{PA C}
Xolair*^{PA C}
 Zemaira*^{PA}

Pulmonary Hypertension

Adcirca^{PA E C}
Adempas*^{PA C}
Alyq^{PA}
ambrisentan*^{PA}
bosentan*^{PA}
epoprostenol^{PA}
 Flolan*^{PA}
 Letairis*^{PA E}
Opsumit*^{PA C}
 Opsynvi*^{PA}
 Orenitram*^{PA}
 Remodulin*^{PA E C}
tadalafil^{PA}
 Tadliq^{PA E}
 Tracleer*^{PA E C}
treprostinil*^{PA C} (Sandoz)
 Tyvaso*^{PA C}

Tyvaso DPI*^{PA C}
 Uptravi*^{PA C}
 Veletri*^{PA}
 Ventavis*^{PA}
 Winrevair*^{PA}

Other

Adbry^{PA C}
 Aduhelm*^{PA E}
Aldurazyme*
Alferon N*
 Agamree*^{PA}
 Amondys 45*^{PA E}
 Amvuttra*^{PA}
 Apokyn*^{PA}
apomorphine*^{PA}
 Arcalyst*^{PA}
Atgam
 Austedo^{PA C}
 Austedo XR^{PA C}
 Benlysta*^{PA C}
 Beovu^{E C}
 Berinert*^{PA}
betaine anhydrous*
Bevacizumab*
 Brineura*^{PA}
 Brixadi*
 Buphenyl*^E
 Bylvay*^{PA}
 Byooviz*^{PA E}
 Cablivi*^{PA}
 Camzyos*^{PA C}
 Carbaglu*^{PA}
carglumic acid*^{PA}
 Chenodal
 Cholbam*^{PA}
Cibinqo^{PA C}
Cimerli*^{PA}
 Cinryze*^{PA E}
 Crysvita*^{PA}
 Cuprimine^{PA E}
 Cuvrior^{PA E}
 Cystadane*
 Cystadrops*^{PA}
 Cystagon*
 Cystaran*^{PA}
 Daraprim^{PA C}
 Daybue*^{PA E}
 Defitelio
deflazacort^{PA}
Depen
 Dextenza*
 Diacomit*^{PA}
dichlorphenamide*^{PA}
 Doptelet*^{PA C}
droxidopa^{PA}
Dupixent^{PA C}
 Egrifta*^{PA}
Elaprase*
 Elevidys*^{PA E}
 Elfabrio*^{PA E}
 Elitec^C
 Emflaza*^{PA}
 Enspryng*^{PA}
 Epidiolex*^{PA C}
 Exondys 51^{PA E C}
 Evrysdi*^{PA}
 Eylea*^C
 Eylea HD*^C
Fabrazyme*^{PA}
 Fensolvi^{PA C}
 Filspari*^{PA}
 Fintepla*^C
 Firazyr^{PA E C}
 Firdapse*^{PA E}
 Galafold*^{PA}
 Gamifant*^{PA}
 Gattex*
 Givlaari*^{PA}
 Haegarda*^{PA}
 Hetlioz*^{PA E}
 Hetlioz LQ*^{PA E}
icatibant^{PA C} (Cipla, Teva)
 IDose TR*
Ilaris*^{PA}
 Iluvien*
 Imcivree*^{PA E}
 Inbrija*^{PA C}
 Ingrezza*^{PA C}
 Isturisa*^{PA E}
 Izervay*^{PA}
 Joenja*^{PA E}
 Jynarque*^{PA E C}
 Kalbitor*^{PA}
 Kanuma*^{PA}
 Kepivance
 Keveyis*^{PA}
 Khapzory^{PA C}
 Korlym*^{PA}
 Korsuva^{PA}
 Krystexxa*^{PA}
 Kynmobi^{PA}
 Lamzede*^{PA}
 Lanreotide*^{PA E}
 Lantidra*^{PA}
 Lenmeldy*^{PA}

Specialty Drug List | July 2024

<p>* Limited distribution</p> <p>PA Prior Authorization</p> <p>Leqembi*^{PA E}</p> <p>levoleucovorin</p> <p>Litfulo^{PA C}</p> <p>Livmarli*^{PA E}</p> <p>Livtency*^{PA}</p> <p>Lucentis*^{PA E}</p> <p>Lumizyme*</p> <p>Lumryz*^{PA E}</p> <p>Lupkynis*^{PA E}</p> <p>Lupron Depot^{PA C}</p> <p>Lupron Depot-Ped^{PA C}</p> <p>Luxturna*^{PA}</p> <p>Mepsevii*^{PA}</p> <p>mifepristone*^{PA}</p> <p>Myalept*</p> <p>Mycapssa^{PA E}</p> <p>Naglazyme*</p> <p>Natpara*^{PA}</p> <p>Nexviazyme*^{PA}</p> <p>nitisinone^{PA}</p> <p>Nityr*^{PA}</p> <p>Northera*^{PA}</p> <p>Nulibry*^{PA}</p> <p>Nulojix</p> <p>Ocaliva*^{PA}</p> <p>octreotide^{PA}</p> <p>Ogsiveo*^{PA}</p> <p>Olpruva*^E</p> <p>Onpattro*^{PA}</p> <p>Opfolda*^{PA}</p> <p>Orfadin*^{PA}</p> <p>Orladeyo*^{PA}</p> <p>Ormalvi*^{PA}</p> <p>Oxervate^{PA C}</p> <p>Oxlumo*^{PA}</p> <p>Ozurdex*</p> <p>Palforzia^E</p> <p>Palynziq*^{PA E}</p>	<p>E Excluded May be excluded from coverage or subject to prior authorization. Lower cost options are available and covered.</p> <p>Panhematin*</p> <p>Parsabiv</p> <p>penicillamine cap^{PA E}</p> <p>penicillamine tab^{PA}</p> <p>Pheburane*</p> <p>Photrexa*^{PA}</p> <p>Pombiliti*^{PA}</p> <p>Prevymis^{PA C}</p> <p>Prialt^C</p> <p>Procysbi*^{PA}</p> <p>pyrimethamine^{PA}</p> <p>Qalsody*^{PA}</p> <p>Radicava*^{PA}</p> <p>Radicava ORS*^{PA C}</p> <p>Ravicti*^E</p> <p>Rebyota*^{PA}</p> <p>Recorlev*^{PA E}</p> <p>Relyvrio*^{PA}</p> <p>Rethymic*</p> <p>Retisert*</p> <p>Revcovi*^{PA}</p> <p>Rezdiffra^{PA}</p> <p>Rezurock*^{PA E}</p> <p>Rezzayo</p> <p>Rivfloza*^{PA}</p> <p>Ruconest*^{PA}</p> <p>Rystiggo*^{PA}</p> <p>Sabril*^{PA E}</p> <p>Sajazir^{PA}</p> <p>Samsca*^{PA}</p> <p>Sandostatin^{PA E C}</p> <p>Sandostatin LAR^{PA}</p> <p>Saphnelo*^{PA}</p> <p>Signifor*^{PA E}</p> <p>Signifor LAR*^{PA}</p> <p>Skyclarys*^{PA}</p> <p>Skysona*^{PA}</p> <p>Sodium Oxybate*^{PA}</p>	<p>S Split-fill First two fills restricted to a maximum 15-day supply.</p> <p>C CAAP Rx Specialty medication copay program</p> <p>Sodium Oxybate*^{PA E (Amneal)}</p> <p>sodium phenylbutyrate</p> <p>Sohonos*^{PA}</p> <p>Solesta*</p> <p>Somatuline Depot*^{PA}</p> <p>Somavert*</p> <p>Spinraza*</p> <p>Spravato*^{PA C}</p> <p>Strensiq*^{PA}</p> <p>Sublocade*^C</p> <p>Sucraid*^{PA}</p> <p>Supprelin LA*^{PA}</p> <p>Susvimo*^{PA}</p> <p>Syfovre*^{PA}</p> <p>Sylvant^C</p> <p>Syprine^{PA}</p> <p>Takhzyro*^{PA}</p> <p>Tarpeyo*^{PA E C}</p> <p>tasimelteon^{PA}</p> <p>Tavneos*^{PA E}</p> <p>Tegsedi*^{PA}</p> <p>Tepezza*</p> <p>tetrabenazine</p> <p>Thiola*</p> <p>Thiola EC*^C</p> <p>tiopronin</p> <p>tiopronin DR*</p> <p>tolvaptan^{PA}</p> <p>trientine^{PA}</p> <p>Triptodur*^{PA C}</p> <p>Uplizna*^{PA}</p> <p>Vabysmo*^{PA}</p> <p>Veopoz*^{PA}</p> <p>vigabatrin*^{PA}</p> <p>Vigadrone*^{PA}</p> <p>Vigpoder*^{PA}</p> <p>Vijoice*^{PA E}</p>	<p>Viltepso*^{PA E}</p> <p>Vimizim*^{PA}</p> <p>Visudyne*</p> <p>Vivitrol</p> <p>Vowst*^{PA E}</p> <p>Voxzogo*^{PA}</p> <p>Vyjuvek*^{PA}</p> <p>Vyndamax*^{PA}</p> <p>Vyndaqel*^{PA}</p> <p>Vyondys 53^{PA E C}</p> <p>Vyvgart*^{PA}</p> <p>Vyvgart Hytrulo*^{PA}</p> <p>Wainua*^{PA}</p> <p>Wakix*^{PA C}</p> <p>Xenazine*</p> <p>Xenpozyme*^{PA}</p> <p>Xermelo*^{PA}</p> <p>Xgeva^{PA C}</p> <p>Xiaflex*^{PA C}</p> <p>Xphozah*^{PA E}</p> <p>Xuriden^{PA}</p> <p>Xyrem*^{PA E C}</p> <p>Xywav*^{PA C}</p> <p>Yutiq*</p> <p>Zilbrysq*^{PA}</p> <p>Zinplava*^{PA}</p> <p>Zokinvy*^{PA}</p> <p>Zolgensma*^{PA}</p> <p>Ztalmi*^{PA}</p> <p>Zulresso*^{PA}</p>
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This is not a complete list of specialty drugs and listing is not a guarantee of coverage. Selected drugs on this list may be excluded under your specific plan design and/or may be subject to quantity limitations or prior authorization depending on plan benefit design. Listings are subject to change. Selected drugs on the list, including limited distribution products, are not available from Serve You Rx Home Delivery Pharmacy. To find out if your specialty drug is available from Serve You Rx Home Delivery Pharmacy, please call 800-759-3203. **Serve You Rx Specialty Pharmacy is the preferred specialty pharmacy for Serve You Rx members.**

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