October 2021

CVS caremark™

State of Kansas Pharmacy Benefit List

The following drugs have been designated for coverage under the pharmacy benefit and will no longer be covered under your medical benefit.

If you are a plan member or health care provider, please contact CVS Specialty Customer Care toll-free at 1-888-265-7790 or visit www.cvsspecialty.com.

A
ACTEMRA
ACTIMMUNE
ADAKVEO
ADVATE
ADYNOVATE
AFINITOR
AFSTYLA
ALDURAZYME
ALFERON N
ALPHANATE
ALPHANINE SD
ALPROLIX
APOKYN
ARALAST NP
ARCALYST
ASCENIV
AVONEX
AVSOLA

B
BEBULIN
BENEFIX
BENLYSTA
BETASERON
BETHKIS
BIVIGAM

C
CARIMUNE
CEREZYME
CIMZIA
CINQAIR
CINRYZE
COAGADEX
COPAXONE
CORIFACT
CUVITRU
CRYSVITA

D
DUOPA

E
ELAPRASE
ELELYSO
ELOCTATE
ENBREL
ENTYVIO
EPOPROSTENOL SODIUM
ESPEROCT
EXTAVIA

F
FABRAZYME
FASENRA
FEIBA
FIRAZYR
FLEBOGAMMA
FLOLAN
FORTEO
FUZEON

G
GAMASTAN S/D
GAMMAGARD LIQUID
GAMMAGARD S/D
GAMMAKED
GAMMAPLEX
GAMUNEX-C
GENOTROPIN
GLASSIA
GLATOPA
GLEEVEC

H
HAEGARDA
HELIXATE
HEMLIBRA
HEMOFIL M
HIZENTRA
HP ACTHAR GEL
HUMATE-P
HUMATROPE
HUMIRA
HYCAMTIN
HYPERHEP B
HYQVIA

I
IDELVION
ILARIS
ILUMYA
IMMUNE GLOBULIN
INCRELEX
INFLECTRA
IRESSA
IXINITY

J
JIVI

K
KANUMA
KITABIS PAK
KOATE
KOGENATE
KOVALTRY

L
LUMIZYME

M
MONOCLATE
MONONINE

N
NABI-HB/NP
NABI-HB
NAGLAZYME
NORDITROPIN
NOVOEIGHT
NOVOSEVEN RT
NPLATE
NUCALA
NUTROPIN
NUWIQ

O
OCREVUS
OCTAGAM
OMNITROPE
ORENCIA

P
PANZYGA
PEGASYS
PEG-INTRON
PRIVIGEN
PROFILNINE SD
PULMOZYME

R
REBIF
REBINYN
RECOMBINATE
REMICADE
REMODULIN
REVATIO
RIXUBIS

S
SAIZEN
SENSIPAR
SEROSTIM
SEVENFACT
SIMPONI ARIA
SOLIRIS
SOMATULINE
STELARA
SUPPRELIN
SYNAGIS

T
TAKHZYRO
TEMODAR
TOBI
TREMFYA
TRETTEN
TYSABRI
TYVASO

U
ULTOMIRIS

V
VELETRI
VENTAVIS
VIMIZIM
VONVENDI
VPRIV

W
WILATE

X
XELODA
XEMBIFY
XOLAIR
XYNTHA

Z
ZEMAIRA
ZOMACTON
ZORBTIVE

Products distributed by CVS Specialty Pharmacy, as well as products covered by a plan member's prescription benefit plan may change from time to time. For drugs listed that are not currently available through CVS Specialty Pharmacy, members will be referred to the manufacturer's designated specialty pharmacy provider. In addition, a plan member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance on this document.

©2021 Caremark. All rights reserved. 09152021 Pharmacy Drug List