

## Priority Health 2024 Specialty Drug Savings Benefit Medication List

Effective January 1, 2024

The specialty medications included in the Specialty Drug Savings medication list are specific to your plan's prescription drug benefit and subject to change at any time. Prescription drug benefit plan terms will always take precedence. Medications with prior authorization criteria must be approved in advance by the plan and follow applicable laws and/or regulations. By enrolling in the available manufacturer assistance program and consenting to SaveOnSP monitoring your pharmacy account, **your final cost will be \$0\***. Specialty medications will be filled through your approved specialty pharmacy.

### A

Actemra  
Adalimumab-  
adaz  
Adynovate  
Afstyla  
Alecensa  
Alprolix  
Alunbrig  
Arcalyst  
Austedo  
Avonex

### B

Benlysta  
Berinert  
Betaseron  
Bosulif  
Braftovi  
Bronchitol  
Brukinsa

### C

Cabometyx  
Calquence  
Carbaglu  
Cerdelga  
Cholbam  
Cosentyx  
Cystadrops

### D

Daybue

### E

Eloctate  
Enbrel  
Erivedge  
Erleada  
Esperoct

### F

Feiba NF  
Filspari  
Fintepla  
Firdapse  
Fulphila

### G

Galafold  
Gattex  
Gilotrif  
Glatiramer  
Acetate  
Glatopa  
Gocovri  
Granix

### H

Haegarda  
Hemlibra  
Humate-P

### I

Ibrance  
Iclusig  
Idelvion  
Increlex  
Ingrezza  
Inlyta

### J

Jakafi  
Jaypirca  
Joenja  
Juxtapid  
Jynarque

### K

Kalbitor  
Kalydeco

Kesimpta  
Keveyis  
Kevzara  
Kisqali  
Kitabis  
Koselugo  
Kovaltry  
Krazati

### L

Lenvima  
Lonsurf  
Lorbrena  
Lumakras  
Lumryz  
Lynparza

### M

Mekinist  
Mektovi

### N

Nerlynx  
Neulasta  
Neupogen  
Ninlaro  
Nityr  
Nivestym  
Novoeight  
Novoseven RT  
Nuplazid

### Nuwiq

### O

Ocaliva  
Olumiant  
Onureg  
Orencia\*\*  
Orenitram  
Orfadin

Orgovyx  
Orladeyo  
Otezla  
Oxbryta  
Oxervate

### P

Palynziq  
Panhematin  
Piqray  
Procysbi  
Promacta  
Pulmozyme

### R

Radicava  
Ravicti  
Rebif  
Rebinyn  
Recombinate  
Retevmo  
Revcovi  
Revlimid  
Rezlidhia  
Rinvoq  
Rydapt  
Rystiggo

### S

Serostim  
Sevenfact  
Siliq  
Skyclarys  
Skyrizi  
sodium oxybate  
Somavert  
Sprycel  
Stelara  
Stivarga

Strensiq  
Symdeko

### T

Tafinlar  
Tagrisso  
Takhzyro  
Taltz  
Tasigna  
Tavalisse  
Tazverik  
Tegsedi  
Thiola  
Tremfya  
Tretten  
Trikafta  
Tukysa  
Tymlos

### U

Udenyca

### V

Valchlor  
Vanflyta  
Venclexta  
Verzenio  
Vijoice  
Vistogard  
Vonjo  
Vonvendi  
Votrient  
Vowst  
Voxzogo  
Vyndamax  
Vyndaquel

### W

Wakix  
Wilate

\* Final responsibility may be higher based on specific manufacturer copay assistance program funding. In the event financial responsibility is greater than \$0, your plan administrator will pay the remaining amount to ensure you receive your medications for \$0.

\*\*Subcutaneous only.

## X

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Xeljanz  
Xermelo

Xolair  
Xospata  
Xtandi

Xyntha

## Y

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Yusimry

## Z

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Zarxio  
Zejula

Zelboraf  
Ziextenzo  
Ztalmy