

## Specialty & Limited Access Drug List

Driven to deliver a high-level of care through our passion and commitment to improving the lives of those we serve.

Listed below are specialty drugs managed by Perigon Pharmacy 360. If your medication is not listed below or have any questions Perigon Pharmacy about Perigon Pharmacy's access, please contact us at 844.698.2533 for more information.

<b>A</b>	ATRIPLA	cinacalcet hydrochloride (SEN-SIPAR)
abacavir tab (ZIAGEN)	AUSTEDO	CINQAIR
abacavir/lamivudine (EPZICOM)	AUVI-Q	COMPLERA
abacavir/lamivudine/zidovudine (TRIZIVIR)	AVASTIN	COPAXONE
abiraterone acetate (ZYTIGA)	AVONEX	COSENTYX
ABILIFY	<b>B</b>	CRESEMBA
ACTEMRA	BAXDELA	CRIXIVAN
ADAKVEO	BEBULIN	CUVITRU
ADCETRIS	BENDAMUSTINE	cyclophosphamide
adefovir dipivoxil (HEPSERA)	BENDEKA	cyclosporine (gengraf,NEORAL, SANDIMMUNE)
ADVATE	HYDROCHLORIDE	CYTOGAM
ADYNOVATE	BENEFIX	
AFINITOR	BETASERON	<b>D</b>
AFREZZA	bexarotene (TARGRETIN) bi-calutamide	DACOGEN
AFSTYLA	BICNU	DAPSONE
AIMOVIG	BIKTARVY	DARZALEX
AJOVY	BOTOX	DAKLINZA
ALDURAZYME	BOSULIF	dalfampridine ER (AMPYRA)
ALKERAN	BRAVELLE	deferasirox
ALPHANATE	<b>C</b>	deferoxamine (DESFERAL)
ALPHANINE SD	capecitabine (XELODA)	DELSTRIGO
ALPROLIX	CARBOMETYX	DESCOVY
AMPYRA	capecitabine	didanosine (VIDEX, VIDEX EC)
anastrozole	carmustine	DIFICID
APTIVUS	CASODEX	DUPIXENT
ARANESP	CEREZYME	DYSPORT
ARIMIDEX	CETROTIDE- GONADOTRO-PIN	<b>E</b>
ARISTADA	CIMDUO	EDURANT
AROMASIN	CIMZIA	efavirenz (SUSTIVA)
ARZERRA		EGRIFTA
ASTAGRAF XL		
atazanavir sulfate (REYATAZ)		

Specialty medications may require prior authorization to ensure appropriate coverage. Coverage for these medications may vary with respect to benefits design. This list is subject to change as formulary updates are made.

ELAPRASE

ELIGARD

ELOCTATE

EMCYT

EMGALITY

EMPLICITI

EMTRIVA

ENBREL

entecavir (BARACLUDE)

ENTYVIO

ENVARUSUS XR

EPCLUSA

EPOGEN

epoprostenol sodium

ERBITUX

erlotinib

etoposide

EVENITY

everolimus

EVOTAZ

exemestane

EXJADE

EXTAVIA

ezetimibe

## **E**

FABRAZYME

FARYDAK

FASLODEX

FEIBA

FEMARA

FIBRYGA

FIRMAGON

FLEBOGAMMA DIF

FOLLISTIM AQ

FORTEO fosamprenavir (LEX-  
IVA)

FULPHILA

fulvestrant

FUZEON

## **G**

GAMASTAN

GAMASTAN S/D

GAMMAGARD LIQUID

GAMMAGARD S/D

GAMMAKED

GAMUNEX-C

GANIRELIX ACETATE

GENOTROPIN

GENVOYA

GILENYA glatiramer ace-  
tate (COPAXONE, glatopa)

GLEEVEC

GLEOSTINE

GONAL-F

GRANIX

## **H**

HARVONI

HELIXATE FS

HEMLIBRA

HEMOFIL M

HEPAGAM B

HERZUMA

HIZENTRA

HUMATE-P

HUMATROPE

HUMIRA

HYALGAN

HYCAMTIN

HYDREA

hydroxyprogesterone capro  
(MAKENA)

HYDROXYUREA

HYPERHEP B

HYPERRHO S/D

HYQVIA

## **I**

IDELVION IGF-1 Deficiency

ILUMYA imatinib mesylate  
(GLEEVEC)

INFLECTRA I

NTELENCE

INTRON-A

INVEGA SUSTENNA

INVIRASE

ISENTRESS

ISTODAX

IXEMPRA

IXINITY

## **J**

JADENU

JIVI J

ULUCA

## **K**

KANJINTI

KCENTRA

KESIMPTA

KEVZARA

KEYTRUDA

KISQALI

KISQALI FEMARA CO-PACK

KOATE

KOATE-DVI

KOGENATE FS

KOVALTRY

## **L**

lamivudine (EPIVIR, EPIVIR  
HBV)

lamivudine/zidovudine (COMBI-  
VIR)

LEDIPASVIR/SOFOSBUVIR

LETAIRIS (FLOLAN, VELETRI)

letrozole

Specialty medications may require prior authorization to ensure appropriate coverage. Coverage for these medications may vary with respect to benefits design. This list is subject to change as formulary updates are made.

LEUKERAN  
LEUKINE leuprolide acetate  
(LUPRON)  
linezolid (ZYVOX)  
lioresal (BACLOFEN)  
LOKELMA  
lopinavir/ritonavir soln (KALE-  
TRA SOLN)  
LUMIZYME  
LUPANETA PACK  
LUPRON DEPOT

**M**

MAKENA  
MAVYRET  
MEKINIST  
melphalan  
mercaptapur  
MENOPUR  
MESNA  
MESNEX  
methotrexate  
MICRHOGAM  
miglustat  
MONONINE  
MOZOBIL  
MULPLETA  
mycophenolate mofetil (CELL-  
CEPT, CELLCEPT INJ)  
mycophenolic acid dr (MYFOR-  
TIC)  
MYLERAN

**N**

NABI-HB  
NEULASTA NEUPOGEN  
nevirapine (VIRAMUNE, VIRA-  
MUNE XR)  
NINLARO  
NIVESTYM

NORDITROPIN  
NOVAREL  
NOVOSEVEN RT  
NPLATE  
NULOJIX  
NUTROPIN AQ  
NUWIQ

**O**

OCTAGAM  
octreotide acetate (SANDOSTA-  
TIN)  
ODEFSEY  
ODOMZO  
OLUMIANT  
OMNITROPE  
ONTRUZANT  
OPDIVO  
ORENCIA  
OTEZLA  
OTREXUP  
OVIDREL

**P**

PANHEMATIN  
PANZYGA  
PARSABIV  
PEGASYS  
PEGINTRON  
phenoxybenzamine  
PIFELTRO  
PIQRAY  
PLEGRIDY  
PREGNYL  
PREVYMIS  
PREZCOBIX  
PREZISTA  
PRIVIGEN  
PROCRIT  
PROFILNINE

PROGRAF INJECTABLE  
PROLIA  
PROMACTA  
PULMOZYME

**R**

RAPAMUNE  
RASUVO  
REBETOL SOLUTION  
REBIF  
REBINYN  
RECOMBINATE  
REMICADE  
RESCRIPTOR  
RETACRIT  
RETROVIR INJECTABLE  
RHOGAM  
RHOPHYLAC  
RIASTAP  
RIBASPHERE RIBAPAK  
ribavirin caps (ribasphere, REB-  
ETOL)  
ribavirin tabs (ribasphere, MOD-  
ERIBA)  
RINVOQ  
ritonavir (NORVIR)  
RISPERDAL  
RITUXAN  
RIXUBIS  
RUKOBIA  
RUXIENCE  
RYDAPT

**S**

SAIZEN  
SANDOSTATIN LAR  
SANTYL  
SELZENTRY  
SENSIPAR  
SEROSTIM

Specialty medications may require prior authorization to ensure appropriate coverage. Coverage for these medications may vary with respect to benefits design. This list is subject to change as formulary updates are made.

sildenafil citrate (REVATIO)  
SILIQ  
SIMPONI  
SIMPONI ARIA  
sirolimus tab (RAPAMUNE)  
SIVEXTRO  
SKYRIZI  
sodium phenylbutyrate (BU-  
PHENYL)  
SOFOSBUVIR/VELPATASVIR  
SOLIRIS  
SOLTAMOX  
SOMATULINE  
SORIATANE  
SOVALDI  
SPRYCEL  
SUPPRELIN  
stavudine (ZERIT)  
STELARA  
STIMATE  
STRIBILD  
SUTENT  
SYMFI  
SYMFI LO  
SYMTUZA  
SYNAGIS  
SYNVISC

**I**

tacrolimus (PROGRAF)  
tadalafil (ADCIRCA, alyq)  
TAFINLAR  
TALTZ  
tamoxifen  
TARCEVA  
TARGRETIN  
TASIGNA  
TECFIDERA  
TECHNIVIE  
temozolomide (TEMODAR)

tenofovir disoproxil fumarate  
(VIREAD)  
tenofovir disoproxil fumarate  
(VIREAD)  
TEPADINA tetrabenazine (XE-  
NAZINE)  
THALOMID  
THYROGEN  
TIVICAY  
Tobi  
Tobi Podhaler  
tobramycin  
topiramate  
topotecan  
TRAZIMERA  
TRELSTAR  
TREMFYA  
tretinoin  
TRETEN  
TRISENOX  
TRIUMEQ  
TRUVADA  
TRUXIMA  
TYBOST  
TYKERB  
TYMLOS  
TYSABRI

**U**

UDENYCA

**V**

VANTAS  
VARIZIG  
VECTIBIX  
VELCADE  
VEMLIDY  
VIDEX SOLUTION  
VIEKIRA PAK  
VIRACEPT

VIVITROL  
VONVENDI  
VOSEVI  
VOTRIENT  
VPRIV

**W**

WILATE  
WINRHO SDF

**X**

XELJANZ  
XELODA  
XENLETA  
XGEVA  
XYNTHA

**Y**

YERVOY

**Z**

ZARXIO  
ZELAPAR  
ZEMDRI  
ZENPEP  
ZEPATIER  
ZEPOSIA  
ZINPLAVA  
ZIRABEV  
zidovudine (RETROVIR) ZOLA-  
DEX  
zoledronic acid (RECLAST)  
zoledronic acid (ZOMETA)  
ZOLINZA  
ZOMACTON  
ZORBTIVE  
ZORTRESS  
ZYKADIA  
zzzZYTIGAS

Specialty medications may require prior authorization to ensure appropriate coverage. Coverage for these medications may vary with respect to benefits design. This list is subject to change as formulary updates are made.