

2022 Service Benefit Plan Specialty Drug List

If you are a member or healthcare provider and have specialty drug-specific questions, please call the Specialty Pharmacy Program at 1- 888-346-3731 weekdays from 7 a.m. to 9 p.m. or weekends from 8 a.m. to 6:30 p.m. Eastern time. You can also visit fepblue.org/pharmacy.

Specialty drugs are prescribed to treat complex conditions such as multiple sclerosis, hemophilia, hepatitis C and rheumatoid arthritis. These high cost drugs also have one or more of the following traits: they are injected or infused (but some may be taken by mouth); they have unique storage or shipment needs; more education and support are needed to help you use the drugs properly, and they are usually not stocked at retail pharmacies.

The Blue Cross and Blue Shield Service Benefit Plan maintains a list of specialty prescription drugs. Coverage of and out-of-pocket costs for drugs on this list may be different under Standard Option, Basic Option, and FEP Blue Focus. Please select your plan, using the Drug Cost Tool, to confirm your coverage and cost information. The specialty drug list is updated monthly. This is not an all-inclusive list and is subject to change without notice. Changes may appear prior to their effective date.

Please Note: The self-injectable formulation of the drugs with an asterisk are only covered under the pharmacy benefit.

A				C
ABECMA (PA) [^]	ALKERAN	AVASTIN (PA)	BETASERON (PA)*	CABENUVA (PA) [^]
Abiraterone (PA)	ALPHANATE	AVEED (PA)	BETHKIS	CABLIVI (PA) [^]
ABRAXANE	ALPHANINE SD	AVONEX (PA)*	Bexarotene (PA)	CABOMETYX (PA)
ACTEMRA (PA)	ALPROLIX	AVSOLA (PA) [^]	BICNU	CALQUENCE (PA) ¹
ACTHAR (PA)*	ALUNBRIG (PA) ¹	AYVAKIT (PA) ¹	BIVIGAM (PA)	CAMPTOSAR
ACTIMMUNE (PA)*	Alyq (PA)	Azacitidine	BLENREP (PA) [^]	Capecitabine
ADAKVEO (PA)	Ambrisentan (PA)	AZEDRA (PA) [^]	Bleomycin	CAPRELSA (PA) ¹
ADCETRIS (PA)*	Amifostine		BLINCYTO (PA) ¹	CARBAGLU (PA) ¹
ADCIRCA (PA)	AMONDYS-45 (PA) ¹	B	BORTEZOMIB (PA)	Carboplatin
Adefovir	ANDEXXA [^]	BAFIERTAM (PA)	Bosentan (PA)	Carmustine
ADEMPAS (PA)	APLIGRAF [^]	BARACLUDGE (PA)	BOSULIF (PA)	CAYSTON
Adriamycin	APOKYN (PA)*	BARHEMSYS (PA) [^]	BOTOX (PA) ¹	CEPROTIN (PA)
ADUHELM (PA) [^]	ARALAST NP (PA)	BAVENCIO (PA) ¹	BRAFTOVI (PA)	CERDELGA (PA)
ADVATE	ARANESP (PA)	BCG VACCINE (TICE STRAIN)	BREYANZI (PA) [^]	CEREZYME (PA)
ADYNOVATE	ARCALYST (PA)*	BELEODAQ (PA)	BRINEURA (PA) [^]	CETROTIDE (PA)
AFINITOR (PA)	ARIKAYCE (PA) ¹	BELRAPZO (PA)	BRONCHITOL (PA)	CHOLBAM (PA) ¹
AFLSYTA	ARRANON	BENDAMUSTINE(PA)	BRONCHITOL TOLERANCE TEST [^]	CHORIONIC GONADOTROPIN (PA)
ALDURAZYME (PA)	Arsenic Trioxide	BENDEKA (PA)	BRUKINSA (PA) ¹	CIMZIA (PA)
ALECENSA (PA)	ARZERRA (PA)	BENEFIX	BUPHENYL (PA)	Cinacalcet (PA)
ALFERON N (PA)	ASCENIV (PA)	BENLYSTA (PA)	BYFAVO [^]	CINQAIR (PA)
ALIMTA	ASPARLAS (PA)	BEOVU (PA)	BYLVAY (PA) ¹	
ALIQOPA (PA) [^]	AUBAGIO (PA)	BERINERT (PA)	BYNFEZIA (PA)	
	AUSTEDO (PA)	BESPONSA (PA)		

¹ Limited Distribution Drug
(PA) Prior Authorization required

[^]Medical Benefit Only

* Covered Under Pharmacy Benefit Only

CINRYZE (PA) ¹	Dimethyl fumarate (PA)	ETOPOPHOS	GAMMAPLEX (PA)	I
Cisplatin	Docetaxel	Etoposide	GAMUNEX-C (PA)	IBRANCE (PA)
Cladribine	Dofetilide	EUFLEXXA (PA)	Ganciclovir	Icatibant (PA)*
Clofarabine	DOJOLVI (PA)	EVENITY (PA)	Ganirelix (PA)	ICLUSIG (PA) ¹
CLOLAR	DOPTelet (PA)	Everolimus (PA)	GATTEX (PA)	IDAMYCIN
COAGADEX	DOXIL	EVKEEZA (PA) [^]	GAVRETO (PA)	Idarubicin
COMETRIQ (PA)	Doxorubicin	EVOMELA (PA)	GAZYVA (PA)	IDELVION
COPIKTRA (PA) ¹	Droxidopa (PA)	EVRYSDI (PA) ¹	GEL-ONE (PA)	IDHIFA (PA)
CORIFACT	DSUVIA (PA) [^]	EXJADE (PA)	GELSYN-3 (PA)	IFEX
COSELA (PA) [^]	DUPIXENT (PA)	EXKIVITY(PA) ¹	Gemcitabine	Ifosfamide
COSENTYX (PA)	DUROLANE (PA)	EXONDYS 51 (PA) ¹	GENOTROPIN (PA)*	ILARIS (PA)
COSMEGEN	DYSPORT (PA)	EXTAVIA (PA)*	GENVISC 850 (PA)	ILUMYA (PA)
COTELLIC (PA)	E	EYLEA (PA)	GILENYA (PA)	Imatinib (PA)
CRYSVITA (PA)	EGRIFTA (PA)	F	GILOTRIF (PA) ¹	IMBRUVICA (PA) ¹
CUTAQUIG (PA)	ELAPRASE (PA)	FABRAZYME (PA)	GIVLAARI (PA) ¹	IMCIVREE (PA) ¹
CUVITRU (PA)	ELELYSO (PA)	FARYDAK (PA)	GLASSIA (PA)	IMFINZI (PA)
Cyclophosphamide	ELIGARD (PA)	FASENRA (PA)	Glatiramer (PA)*	IMLYGIC (PA) ¹
CYCLOSPORINE INJ	ELITEK	FASLODEX (PA)	Glatopa (PA)*	IMPLANON
CYRAMZA (PA)	ELLECE	FEIBA	GLEEVEC (PA)	INBRIJA (PA) ¹
CYSTADANE ¹	ELOCTATE	FENSOLVI (PA)	GONAL-F (PA)	INCRELEX (PA)*
CYSTADROPS (PA) ¹	ELZONRIS (PA) [^]	FERRIPROX (PA) ¹	GRANIX (PA)	INFLECTRA (PA) [^]
CYSTAGON	EMFLAZA (PA) ¹	FIBRYGA	H	INFUGEM [^]
CYSTARAN ¹	EMPAVELI (PA) ¹	FINTEPLA (PA) ¹	HAEGARDA (PA)	INGREZZA (PA)
Cytarabine	EMPLICITI (PA)	FIRAZYR (PA)*	HALAVEN (PA)	INLYTA (PA)
CYTOGAM	ENBREL (PA)*	FIRDAPSE (PA) ¹	HARVONI (PA)	INQOVI (PA)
CYTOVENE	ENDARI (PA) ¹	FIRMAGON (PA)	HEMLIBRA	INREBIC (PA)
D	ENHERTU (PA)	FLEBOGAMMA (PA)	HEMOFIL M	INTRON A (PA)
Dacarbazine	ENSPRYNG (PA)	FLOLAN (PA)	HEPAGAM B	IRESSA (PA)
DACOGEN	Entecavir	FLOLAN STERILE DILUENT	HEPSERA (PA)	Irinotecan
Dactinomycin	ENTYVIO (PA)	Floxuridine	HERCEPTIN (PA)	ISTODAX (PA)
Dalfampridine ER (PA)	EPCLUSA (PA)	Fludarabine	HERCEPTIN HYLECTA (PA)	ISTURISA (PA) ¹
DANYELZA (PA) [^]	EPIDIOLEX (PA)	Fluorouracil	HERZUMA (PA)	IXEMPRA
DARZALEX (PA)	Epirubicin	FOLLISTIM AQ (PA)	HETLIOZ (PA) ¹	IXINITY
DARZALEX FASPRO (PA)	EPOGEN (PA)	FOLOTYN	HIZENTRA (PA)	J
Daunorubicin	Epoprostenol (PA)	FORTEO (PA)*	HUMATE-P	JADENU (PA)
DAURISMO (PA)	Epoprostenol Sterile Diluent	FOTIVDA (PA) ¹	HUMATROPE (PA)*	JAKAFI (PA)
Decitabine	ERBITUX (PA)	FULPHILA (PA)	HUMIRA (PA)*	JELMYTO (PA) [^]
Deferasirox (PA)	ERIVEDGE (PA)	Fulvestrant	HYALGAN (PA)	JEMPERLI (PA)
Deferiprone (PA)	ERLEADA (PA)	FUZEON*	HYCANTIN	JEVTANA (PA)
Deferoxamine	Erlotinib (PA)	G	Hydroxy progesterone	JIVI
DESFERAL	ERWINAZE (PA)	GALAFOLD (PA) ¹	HYMOVIS (PA)	JUXTAPID (PA) ¹
Dexrazoxane	ESBRIET (PA)	GamaSTAN (PA)	HYPERHEP B S/D	JYNARQUE (PA) ¹
DEXYCU [^]	ESPEROCT	GAMIFANT (PA) [^]	HYPERRHO S/D	K
DIACOMIT (PA) ¹	ETHYOL	GAMMAGARD (PA)	HYQVIA (PA)	KADCYLA (PA)
		GAMMAKED (PA)		KALBITOR (PA)
				KALYDECO (PA) ¹

¹ Limited Distribution Drug
(PA) Prior Authorization required

[^]Medical Benefit Only

* Covered Under Pharmacy Benefit Only

Products distributed by CVS Caremark Specialty Pharmacy, as well as products covered by a plan member's prescription benefit plan, may change from time to time. 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 at any time.

Last Revised: 11/16/2021

KANJINTI (PA)	M	NINLARO (PA)	OVIDREL (PA)	QINLOCK (PA) ¹
KANUMA (PA)	MACRILEN [^]	NIPENT	Oxaliplatin	R
KCENTRA (PA) [^]	MACUGEN (PA)	Nitisinone	OXBRYTA (PA)	RADICAVA (PA) ¹
KEPIVANCE (PA)	MAKENA	NITYR ¹	OXERVATE (PA) ¹	RAVICTI (PA)
KESIMPTA (PA)	MARGENZA (PA) [^]	NIVESTYM (PA)	OXLUMO (PA) [^]	REBIF (PA) [*]
KEVZARA (PA)	MARQIBO (PA) ¹	NORDITROPIN (PA) [*]	P	REBINYN
KEYTRUDA (PA)	MATULANE ¹	NORTHERA (PA)	Paclitaxel	REBLOZYL (PA)
KHAPZORY	MAVENCLAD (PA)	NOURIANZ (PA)	PADCEV (PA)	RECLAST (PA)
KINERET (PA) ¹	MAVYRET (PA)	NOVAREL (PA)	PALFORZIA (PA)	RECOMBINATE
KISQALI (PA)	MAYZENT (PA)	NOVOEIGHT	PALYNZIQ (PA)	REMICADE (PA) [^]
KITABIS	MEKINIST (PA)	NOVOSEVEN	Pamidronate	REMODULIN (PA)
KOATE	MEKTOVI (PA)	NPLATE (PA)	PANZYGA (PA)	RENFLEXIS (PA) [^]
KOGENATE FS	Melphalan	NUBEQA (PA)	Paraplatin	RETACRIT (PA)
KORLYM (PA) ¹	MENOPUR (PA)	NUCALA (PA)	PARSABIV (PA)	RETEVMO (PA)
KOSELUGO (PA) ¹	MEPSEVII (PA) ¹	NULIBRY (PA) [^]	PEGASYS (PA)	REVATIO (PA)
KOVALTRY	Mesna	NULOJIX	PEG-INTRON (PA)	REVCIVI (PA) ¹
KRYSTEXXA (PA)	MESNEX	NUPLAZID (PA)	PEMAZYRE (PA) ¹	REVLIMID (PA)
KUVAN (PA)	MICRHOGAM	NUTROPIN AQ (PA) [*]	PERJETA (PA)	REZUROCK (PA) ¹
KYLEENA	Miglustat (PA)	NUWIQ	PHESGO (PA)	RHOGAM
KYMRIAH (PA) [^]	MIRCERA (PA) ¹	O	PHOTOFRIN [^]	RHOPHYLAC
KYPROLIS (PA)	MIRENA	OBIZUR (PA) ¹	PIQRAY (PA)	RIABNI (PA)
L	Mitomycin	OCALIVA (PA)	PLEGRIDY (PA)	RIASTAP
Lapatinib Ditosylate (PA)	Mitoxantrone	OCREVUS (PA)	POLIVY (PA)	Ribasphere (PA)
Ledipasvir/ Sofosbuvir (PA)	MONJUVI (PA)	OCTAGAM (PA)	POMALYST (PA)	Ribavirin (PA)
LEMTRADA (PA)	MONONINE	Octreotide	PONVORY (PA)	RINVOQ (PA)
LENVIMA (PA)	MONOVISC (PA)	ODOMZO (PA)	PORTRAZZA (PA)	RITUXAN (PA)
LETAIRIS (PA)	MOZOBIL (PA)	OFEV (PA)	POTELIGEO (PA)	RITUXAN HYCELA (PA)
LEUKINE (PA)	MULPLETA (PA)	OGIVRI (PA)	PREGNYL (PA)	RIXUBIS
Leuprolide (PA)	MUSTARGEN	OLUMIANT (PA)	PREVYMIS (PA)	ROMIDEPSIN (PA)
Levoleucovorin	Mutamycin	OMNITROPE (PA) [*]	PRIALT ¹	ROZLYTREK (PA)
LIBTAYO (PA) [^]	MVASI (PA)	ONCASPAR (PA)	PRIVIGEN (PA)	RUBRACA (PA)
LILETTA	MYALEPT (PA) ¹	ONIVYDE (PA) ¹	PROCIT (PA)	RUCONEST (PA)
LONSURF (PA)	MYCAPSSA (PA) ¹	ONPATTRO (PA) [^]	PROCYSBI (PA) ¹	RUXIENCE (PA)
LORBRENA (PA)	MYLOTARG (PA)	ONTRUZANT (PA)	PROFILNINE	RUZURGI (PA) ¹
LUCENTIS (PA)	MYOBLOC (PA)	ONUREG (PA)	PROLASTIN-C (PA) ¹	RYBREVANT (PA)
LUMAKRAS (PA)	MYXREDLIN [^]	OPDIVO (PA)	PROLEUKIN	RYDAPT (PA)
LUMIZYME (PA)	N	OPSUMIT (PA)	PROLIA (PA)	RYLAZE (PA) [^]
LUMOXITI (PA)	NABI-HB	ORALAIR (PA)	PROMACTA (PA)	S
LUPANETA	NAGLAZYME (PA)	ORENCIA (PA)	PROPEL (PA) [^]	SABRIL (PA)
LUPKYNIS (PA) ¹	NATPARA (PA)	ORENITRAM (PA)	PROPEL	SAIZEN (PA) [*]
LUPRON DEPOT (PA)	NAVELBINE	ORFADIN ¹	CONTOUR(PA) [^]	SAJAZIR (PA)
LUTATHERA (PA) [^]	NERLYNX (PA)	ORGOVYX (PA) ¹	PROPEL MINI (PA) [^]	SAMSCA (PA)
LUXTURNA (PA) [^]	NEULASTA (PA)	ORKAMBI (PA) ¹	PROVENGE (PA) [^]	SANDOSTATIN (PA)
LYNPARZA (PA)	NEUPOGEN (PA)	ORLADEYO (PA) ¹	PULMOZYME (PA)	SANDOSTATIN LAR (PA)
	NEXAVAR (PA)	ORTHOVISC (PA)	PURIXAN	SAPHNELO (PA) [^]
	NEXPLANON	OTEZLA (PA)	Q	

¹ Limited Distribution Drug
(PA) Prior Authorization required

[^]Medical Benefit Only

^{*} Covered Under Pharmacy Benefit Only

Sapropterin (PA)	T	TRIKAFTA (PA) ¹	VISCO-3 (PA)	ZARXIO (PA)
SARCLISA (PA)	TABRECTA (PA)	TRILURON (PA)	VISUDYNE	ZAVESCA (PA) ¹
SCENESSE (PA) [^]	Tadalafil (PA)	TRIPTODUR (PA) ¹	VITRAKVI (PA)	ZEJULA (PA)
SENSIPAR (PA)	TAFINLAR (PA)	TRISENOX	VIVITROL	ZELBORAF (PA)
SEVENFACT	TAGRISSO (PA)	TRIVISC (PA)	VIZIMPRO (PA)	ZEMAIRA (PA)
SEROSTIM (PA) [*]	TAKHZYRO (PA)	TRODELVY (PA) ¹	VONVENDI	ZEMDRI [^]
SIGNIFOR (PA) ¹	TALTZ (PA)	TROGARZO (PA)	VORAXAZE ¹	ZEPATIER (PA)
SIKLOS (PA)	TALZENNA (PA)	TRUSELTIQ (PA) ¹	VOSEVI (PA)	ZEPOSIA (PA)
Sildenafil (PA)	TARGRETIN (PA)	TRUXIMA (PA)	VOTRIENT (PA)	ZEPZELCA (PA)
SILIQ (PA)	TASIGNA (PA)	TUKYSA (PA) ¹	VPRIV (PA)	ZEVALIN Y-90 (PA) [^]
SIMPONI ARIA IV (PA)	TAVALISSE (PA) ¹	TURALIO (PA) ¹	VUMERITY (PA)	ZIEXTENZO (PA)
SIMPONI SC (PA)	TAXOTERE	TYKERB (PA)	VYEPTI (PA) ¹	ZILRETTA (PA) [^]
SINUVA (PA) [^]	TAZVERIK (PA) ¹	TYMLOS (PA)	VYNDAMAX (PA)	ZIRABEV (PA)
SKYLA	TECARTUS (PA) [^]	TYSABRI (PA)	VYNDAQEL (PA)	ZOKINVY (PA) ¹
SKYRIZI (PA)	TECENTRIQ (PA)	TYVASO (PA)	VYONDYS 53 (PA) ¹	ZOLADEX (PA)
SODIUM HYALURONATE (PA)	TEGSEDI (PA) ¹	U	W	Zoledronic Acid
Sodium Phenylbutyrate (PA)	TEMODAR (PA)	UDENYCA (PA)	WAKIX (PA)	ZOLGENSMA (PA) [^]
Sofosbuvir/Velpatasvir (PA)	Temozolomide	UKONIQ (PA) ¹	WELIREG (PA) ¹	ZOLINZA (PA) ¹
SOLESTA	Temsirolimus	ULTOMIRIS (PA)	WILATE	ZOMACTON (PA)
SOLIRIS (PA)	TEPADINA	UPLIZNA (PA) [^]	WINRHO SDF	ZORBTIVE (PA) [*]
SOMATULINE DEPOT (PA)	TEPEZZA (PA) ¹	UPTRAVI (PA)	X	ZORTRESS (PA)
SOMAVERT	TEPMETKO (PA) ¹	UPTRAVI IV [^]	XALKORI (PA)	ZULRESSO (PA) [^]
SOVALDI (PA)	Teriparatide (PA)	V	XELJANZ (PA)	ZYDELIG (PA)
SPINRAZA (PA) [^]	TESTOPEL (PA) ¹	VALCHLOR (PA) ¹	XELJANZ XR (PA)	ZYKADIA (PA)
SPRYCEL (PA)	Tetrabenazine (PA)	Valrubicin	XELODA (PA)	ZYNLONTA (PA) [^]
STELARA IV (PA)	THALOMID	VALSTAR	XEMBIFY (PA)	ZYTIGA (PA)
STELAR SC (PA) [*]	Thiotepa	VANTAS (PA)	XENAZINE (PA) ¹	
STIMATE	THYROGEN ¹	VARIZIG	XEOMIN (PA)	
STIVARGA (PA)	TIBSOVO (PA) ¹	VECTIBIX (PA)	XERAVA [^]	
STRENSIQ (PA) ¹	TICE BCG	VEKLURY [^]	XERMELO (PA) ¹	
STRONTIUM CHLORIDE SR-89 (PA) [^]	TIKOSYN (PA)	VELCADE (PA)	XGEVA (PA)	
SUBLOCADE (PA)	TIVDAK (PA)	VELETRI (PA)	XIAFLEX (PA) ¹	
Sunitinib (PA)	TOBI	VEMLIDY	XOLAIR (PA)	
SUPARTZ FX (PA)	Tobramycin	VENCLEXTA (PA) ¹	XOSPATA (PA) ¹	
SUPPRELIN LA (PA)	Tolvaptan (PA)	VENTAVIS (PA) ¹	XPOVIO (PA) ¹	
SUTENT (PA)	Toposar	VERZENIO (PA)	XTANDI (PA)	
SYMDEKO (PA) ¹	Topotecan	VIDAZA	XYNTHA	
SYNAGIS (PA)	TORISEL	Vigabatrin (PA)	Y	
SYNRIBO (PA) ¹	TOTECT	Vigadrone (PA) ¹	YERVOY (PA)	
SYNVISC (PA)	TRACLEER (PA)	VILTEPSO (PA) ¹	YESCARTA (PA) [^]	
	TRAZIMERA (PA)	VIMIZIM (PA)	YONDELIS (PA)	
	TREANDA (PA)	Vinblastine	YONSA (PA)	
	TRELSTAR (PA)	VINCASAR	YUTIQ [^]	
	TREMFYA (PA)	Vincristine	Z	
	Treprostinil (PA)	Vinorelbine	ZALTRAP (PA)	
	TRETEN	VIRAZOLE [^]	ZANOSAR	

¹ Limited Distribution Drug
(PA) Prior Authorization required

[^]Medical Benefit Only

^{*} Covered Under Pharmacy Benefit Only

Limited Distribution Drug List

Due to manufacturer restrictions, a small number of specialty drugs used to treat rare or uncommon conditions may be available only through specific Preferred retail pharmacies, and are referred to as Limited Distribution Drugs. The following list of current Limited Distribution Specialty drugs may be obtained through a specific Preferred retail pharmacies with the Specialty Drug Pharmacy Program copayments under Standard Option and Basic Option. Please contact the Specialty Pharmacy Program at 1-888-346-3731 for assistance with finding the appropriate pharmacy.

A
ALUNBRIG
AMONDYS-45
ARIKAYCE
AYVAKIT
B
BALVERSA
BAVENCIO
BLINCYTO
BOTOX
BRUKINSA
BYLVAY
C
CALQUENCE
CAPRELSA
CARBAGLU
CHOLBAM
COPIKTRA
CYSTADANE
CYSTADROPS
CYSTARAN
D
DIACOMIT
E
EMFLAZA
EMPAVELI
ENDARI
EVRYSDI
EXKIVITY
EXONDYS 51
F
FERRIPROX
FINTEPLA

FIRDAPSE
FOTIVDA
G
GALAFOLD
GILOTRIF
GIVLAARI
H
HETLIOZ
I
ICLUSIG
IMBRUVICA
IMCIVREE
IMLYGIC
INBRIJA
ISTURISA
J
JUXTAPID
JYNARQUE
K
KALYDECO
KINERET
KORLYM
KOSELUGO
L
LUPKYNIS
M
MARQIBO
MATULANE
MEPSEVII

MIRCERA
MYALEPT
MYCAPSSA
N
NITYR
O
ONIVYDE
ORFADIN
ORGOVYX
ORKAMBI
ORLADEYO
OXERVATE
P
PEMAZYRE
PRIALT
PROCYSBI
PROLASTIN-C
Q
QINLOCK
R
RADICAVA
REVCovi
REZUROCK
RUZURGI
S
SIGNIFOR/LAR
STRENSIQ
SYMDEKO
SYNRIBO
T

TAVALISSE
TAZVERIK
TEGSEDI
TEPEZZA
TEPMETKO
TESTOPEL
THYROGEN
TIBSOVO
TRIKAFTA
TRIPTODUR
TRODELVY
TRUSELTIQ
TUKYSA
TURALIO
U
UKONIQ
V
VALCHLOR
VENCLEXTA
VIGADRONE
VILTEPSO
VORAXAZE
VYEPTI
VYONDYS 53
W
WELIREG
X
XERMELO
XIAFLEX
XOSPATA
XPOVIO
Z
ZAVESCA
ZOKINVY
ZOLINZA