

# Self-Administered Drugs

January 2020

**Please Note: The drugs on this list *must* be filled under the pharmacy benefit and are not covered under the medical benefit.**

Most members' pharmacy benefit requires them to have prescriptions for specialty drugs filled by BriovaRx, our preferred specialty pharmacy. BriovaRx is a specialty pharmacy service provided by OptumRx, an independent company that provides pharmacy benefit management services on behalf of our health plans. If a prior authorization is required for these drugs, please contact BriovaRx at at **877-259-9428**.

This list may change or expand from time to time without prior notice.

Actemra (SC)	Cimzia	Helixate FS	Menopur	Recombinate
Actimmune	Cinryze	Hemofil M	Monoclote-P	Rixubis
Advate	Copaxone	Hizentra	Mononine	Ruconest
Adynovate	Cosentyx	HP Acthar	Myalept	Saizen
Alphanate	Egrifta	Humate-P	Norditropin	Saizenprep
AlphaNine SD	Eloctate	Humatrope	Novoeight	Serostim
Alprolix	Enbrel	Humira	NovoSeven RT	Signifor (SC)
Apokyn	Extavia	Hyqvia	Nutropin AQ	Simponi
Arcalyst	Feiba/NF	Ilaris	Nuwiq	Somavert
Avonex	Firazyr	Increlex	Omnitrope	Stelara (SC)
Bebulin	Follistim AQ	Ixinity	Orencia (SC)	Stimate
BeneFIX	Ganirelix Acetate	Jivi	Pegasys	Tev-Tropin
Berinert	Gattex	Kineret	PegIntron	Tobi/Podhaler
Betaseron	Genotropin	Kitabis Pak	Peg-Intron	Tobramycin
Bethkis	Glatiramer Acetate	Koate/DVI	Plegridy	Wilate
Bravelle	Glatopa	Kogenate FS	Profilnine/SD	Xyntha/Solofuse
Cayston	Gonal-f/RFF	Kovaltry	Pulmozyme	Zomacton
Cetrotide	Haegarda	Lupaneta Pack	Rebif/Rebidose	Zorbtive



