

Specialty Select \$0 LIST

MedOne's Specialty Select \$0 List is a list of lower-cost generic and biosimilar specialty medications for which member cost share is waived to encourage the use over higher-cost specialty medications. This \$0 member cost share applies only to PPO plans; members on qualified HDHP plans will be responsible for their deductible prior to waiving member cost share.



EXEMPT FROM PROGRAM | COVERED ON BENEFIT

- Automatic Exception to Coverage
- Examples include Yusimry™ & and following:

<i>Alprostadil</i>	<i>Desmopressin Acetate PF</i>	<i>Paricalcitol</i>
<i>Aminocaproic Acid</i>	<i>Dimethyl Fumarate</i>	<i>Paromomycin Sulfate</i>
<i>azaTHIOprine</i>	<i>DOBUTamine HCl</i>	<i>Plerixafor</i>
<i>Baclofen</i>	<i>Entecavir</i>	<i>Posaconazole</i>
<i>Bicalutamide</i>	<i>Ferumoxylol</i>	<i>Ribavirin</i>
<i>Buprenorphine HCl</i>	<i>Fingolimod HCl</i>	<i>Riluzole</i>
<i>Capecitabine</i>	<i>Fondaparinux Sodium</i>	<i>Sapropterin Dihydrochloride</i>
<i>Cetrorelix Acetate</i>	<i>Fulvestrant</i>	<i>Sildenafil Citrate</i>
<i>Cidofovir</i>	<i>Fyremadel</i>	<i>Sirolimus</i>
<i>Cinacalcet HCl</i>	<i>Ganirelix Acetate</i>	<i>Tadalafil (PAH)</i>
<i>Colistimethate Sodium (CBA)</i>	<i>Ibandronate Sodium</i>	<i>Temozolomide</i>
<i>Cosyntropin</i>	<i>Imatinib Mesylate</i>	<i>Teriflunomide</i>
<i>cycloPHOSphamide</i>	<i>Leucovorin Calcium</i>	<i>Tiopronin</i>
<i>cycloSPORINE</i>	<i>Leuprolide Acetate</i>	<i>Tobramycin</i>
<i>cycloSPORINE Modified</i>	<i>Melphalan</i>	<i>Tobramycin Sulfate</i>
<i>Dalfampridine ER</i>	<i>Mycophenolate Mofetil</i>	<i>Tranexamic Acid</i>
<i>DAPTOMycin</i>	<i>Nalbuphine HCl</i>	<i>valGANCiclovir HCl</i>
<i>Deferoxamine Mesylate</i>	<i>Octreotide Acetate</i>	<i>Yusimry™</i>
<i>Desmopressin Acetate</i>	<i>Palonosetron HCl</i>	<i>Zoledronic Acid</i>

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This document is for informational use only and does not guarantee coverage, lack of coverage, or coverage requirements for any specific drug therapy. Information within this document is subject to change. Additional plan limitations and requirements may apply. If you have questions regarding the medications covered under your prescription drug benefit, please call MedOne Pharmacy Benefit Solutions at 1-888-884-6331.