



Horizon Blue Cross Blue Shield of New Jersey

HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY SPECIALTY MEDICATIONS – OFFICE ADMINISTERED

ACTEMRA	EUFLEXXA	KRYSTEXXA
ACTHAR ^B	EYLEA	LEMTRADA
ACTHREL	FABRAZYME	LEUKINE
ACTIVASE	FASENRA	LILETTA ^A
ADAGEN	FERRLECIT	LUCENTIS
ALDURAZYME	FIRMAGON	LUMIZYME
ALOXI	FLEBOGAMMA DIF	LUPRON DEPOT
ANZEMET INJECTION	FLOLAN	MACUGEN
ARALAST	FOLOTYN	MAKENA
ARANESP	FUSILEV	MEPSEVII
AREZIA	GAMASTAN S/D	MIACALCIN
ARZERRA	GAMMAGARD	MICRHOGAM ULTRA-FILTERED PLUS
ATGAM	GAMMAKED	MIRCERA
ATRYN	GAMMAPLEX	MIRENA ^A
AVEED	GAMUNEX	MONOVISC
BENLYSTA	GEL-ONE	MOZOBIL
BERINERT ^B	GELVISC	MYOBLOC
BIVIGAM	GLASSIA	MYOZYME
BONIVA INJECTION	GRANISETRON HCL INJECTION	NABI-HB
BOTOX	GRANIX	NAGLAZYME
BRINEURA	H.P. ACTHAR	NEULASTA
BUSULFEX	HECTOROL	NEUMEGA
CARIMUNE NF	HEPAGAM B	NEUPOGEN
CEREZYME	HIZENTRA ^B	NEXPLANON ^A
CIMZIA	HYALGAN	NPLATE
CINQAIR	HYMOVIS	NULOJIX
CINRYZE ^B	HYPERHEP B S/D	OCREVUS
CINVANTI	HYPERRAB S/D	OCTAGAM
CUVITRU ^B	HYPERRHO S/D	NUCALA
CYTOGAM	HYPERTET S/D	NUVARING ^A
CYTOVENE	HYQVIA ^B	ONDANSETRON HCL
DEXFERRUM	ILARIS	ORENCIA
DUPIXENT	IMLYGIC	ORTHOVISC
DYSPORT	IMOGAM RABIES-HT	OZURDEX
ELAPRASE	IMPLANON ^A	PARAGARD T 380-A ^A
ELELYSO	INFLECTRA	PARSABIV
ELIGARD	INJECTAFER	PRIVIGEN
ELITEK	IXIFI	PROCRIT
EMEND	JETREA	PROLASTIN
ENTYVIO	KALBITOR	PROLEUKIN
EPOGEN	KANUMA	QUTENZA
EPOPROSTENOL SODIUM	KEPIVANCE	RADICAVA

(over)

RECLAST	SUPPRELIN LA	VENTAVIS
REMICADE	SUSTOL	VIMIZIM
REMODULIN	SYLVANT	VISUDYNE
RENFLEXIS	SYNAGIS*	VIVITROL
RETISERT	SYNAREL	VPRIV
RHOGAM ULTRA-FILTERED PLUS	SYNVISC	WINRHO SDF
RHOPHYLAC	SYNVISC ONE	XEOMIN
RIASTAP	TEMODAR INJECTION	XIAFLEX
RUCONEST ^B	THROMBATE III	XOLAIR
SANDOSTATIN LAR	THYROGEN	XULANE ^A
SIMPONI ARIA	TRELSTAR	ZARXIO
SKYLA ^A	TRIVISC	ZEMAIRA
SOLESTA	TYSABRI	ZOFRAN INJECTION
SOLIRIS	TYVASO	ZOLADEX
SOMATULINE DEPOT	VANTAS	ZOMETA
SPINRAZA	VARUBI	
STELARA	VELETRI	
SUPARTZ FX	VENOFER	

*Synagis is only available at CVS Caremark

^A Please note, some medicines may have limited or \$0 cost-sharing under the Affordable Care Act. These are indicated on the drug list with the letter ^A. If you do not find the medicine you are searching for, please call Pharmacy Member Services.

^B Please note, these medicines are office administered OR self-administered but are covered through the medical benefit. These are indicated on the drug list with the letter ^B.

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