October 2026

State of Kansas Pharmacy Benefit List

The following drugs have been designated for coverage under the pharmacy benefit and will no longer be covered under your medical benefit.

If you are a plan member or health care provider, please contact CVS Specialty Customer Care toll-free at 1-888-265-7790 or visit www.cvsspecialty.com.

A
ABRILADA
ACTEMRA
ACTHAR GEL
ACTIMMUNE
ADAKVEO
ADALIMUMAB -AACF
ADALIMUMAB -AATY
ADALIMUMAB -ADBM
ADALIMUMAB -FKJP
ADALIMUMAB -RYVK
ADVATE
ADYNOVATE
AFINITOR
AFSTYLA
ALDURAZYME
ALHEMO
ALPHANATE
ALPHANINE SD
ALPROLIX
ALTUVIIIO
ALYGLO
AMVUTTRA
APOKYN
ARALAST NP
ARCALYST
ASCENIV
AVONEX
AVSOLA

B
BENEFIX
BENLYSTA
BETASERON
BETHKIS
BIVIGAM
BKEMV
BRIUMVI

C
CEREZYME
CIMZIA
CINQAIR
CINRYZE
COAGADEX
COPAXONE
CORIFACT
CORTROPHIN
CRYSVITA
CUTAQUIG
CUVITRU
CYLTEZO

D
DUOPA

E
ELAPRASE
ELELYSO
ELFABRIO
ELOCTATE
ENBREL
ENJAYMO
ENTYVIO IV
EPOPROSTENOL SODIUM
EPYSQLI
ESPEROCT
EXDENSUR

F
FABRAZYME
FASENRA
FEIBA
FIRAZYR
FLEBOGAMMA
FLOLAN
FORTEO

G
GAMASTAN S/D
GAMMAGARD LIQUID
GAMMAGARD S/D
GAMMAKED
GAMMAPLEX
GAMUNEX-C
GENOTROPIN
GLASSIA
GLATOPA
GLEEVEC

H
HAEGARDA
HEMLIBRA
HEMOFIL M
HEPAGAM B
HIZENTRA
HUMATE-P
HUMATROPE
HUMIRA
HYCAMTIN
HYMPAVZI
HYPERHEP B
HYQVIA

I
IDELVION
ILARIS
ILUMYA
IMMUNE GLOBULIN
INFLECTRA
INFLIXIMAB
IRESSA (GEFITINIB)
IXINITY

J
JIVI

K
KANUMA
KITABIS PAK
KOATE
KOVALTRY
KRYSTEXXA

L
LUMIZYME

N
NABI-HB/NP
NABI-HB
NAGLAZYME
NEXVIAZYME
NORDITROPIN
NOVOEIGHT
NOVOSEVEN RT
NPLATE
NUCALA
NUWIQ

O
OCREVUS
OCTAGAM
OMNITROPE
ONPATTRO
ORENCIA

P
PANZYGA
PEGASYS
PIASKY
POMBILITI
PRIVIGEN
PROFILNINE SD
PULMOZYME
PYZCHIVA

Q
QIVIGY

R
REBIF
REBINYN
RECOMBINATE
REMICADE
REMODULIN
RENFLEXIS
REVATIO
RIXUBIS

S
SAJAZIR
SEROSTIM
SEVENFACT
SIMLANDI
SIMPONI ARIA
SOLIRIS
SOMATULINE
STELARA
SUPPRELIN
SYNAGIS

T
TAKHZYRO
TEMODAR
TEZSPIRE
TEZSPIRE PEN
TOBI
TOFIDENCE
TRETTEN
TYRUKO
TYSABRI
TYVASO

U
ULTOMIRIS
USTEKINUMAB
USTEKINUMAB -TTWE

V
VELETRI
VENTAVIS
VIMIZIM
VONVENDI
VPRIV
VYVGART HYTRULO

W
WEZLANA
WILATE

X
XELODA
XEMBIFY
XENPOZYME
XOLAIR
XYNTHA

Products distributed by CVS Specialty Pharmacy, as well as products covered by a plan member's prescription benefit plan may change from time to time. For drugs listed that are not currently available through CVS Specialty Pharmacy, members will be referred to the manufacturer's designated specialty pharmacy provider. 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.

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Y

YIMMUGO

Z

ZEMAIRA

ZOMACTON

ZYMFENTRA

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