

# Specialty Drug List

January 2015

## What Are Specialty Drugs?

They're prescription medications that are used to treat complex or chronic medical conditions like cancer, rheumatoid arthritis, multiple sclerosis and hepatitis, just to name a few. They are often self-injected and usually require patient-specific dosing and careful clinical monitoring. They may also require special handling and refrigeration.

Not all plans provide the same level of coverage for specialty drugs. And with some plans, you must use Accredo specialty pharmacy for your specialty drug prescriptions. Accredo is an independent company that dispenses specialty drugs on behalf of your health plan.

Check your benefit information to learn how your plan covers specialty drugs. You can also view your personal benefit information on our website. If required, contact Accredo at 877-512-5981 to get started with the process to fill your specialty drug prescription(s).

Depending on your plan, you may need prior authorization for some specialty drugs. Prior authorization promotes the proper use of medications. If your doctor prescribes a specialty drug that needs a prior authorization, your doctor must get prior approval before your plan will pay for it. We base prior authorization guidelines on U.S. Food and Drug Administration and manufacturer guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design.

## Which Specialty Drugs Are Preferred or Require Prior Authorization?

Preferred specialty drugs are in bold print. Talk to your doctor about using a preferred specialty drug. An asterisk (\*) identifies drugs that may require prior authorization, depending on your plan. If your drug requires prior authorization, your doctor should request this by calling 877-512-5981 or faxing 866-576-3869.

## What Happens at the Pharmacy?

**When you use a local network pharmacy**, the pharmacist enters your prescription into the computer system. If you are required to use Accredo specialty pharmacy, or if your prescription requires prior authorization, the system will alert your pharmacist with the phone number your doctor should call. If you are not required to use Accredo and a prior authorization is not required (or you already have one), the system will tell your pharmacist the amount you must pay. The pharmacist can then fill your prescription.

**Please note:** Not all specialty drugs are available through local pharmacies. If your drug is only available at a specialty pharmacy, you must use Accredo.

When you use Accredo specialty pharmacy and your prescription requires prior authorization, Accredo will work with your doctor to get the information needed to make a decision. If a prior authorization is not required (or if you already have one), the system will tell your pharmacist the amount you must pay. Accredo can then fill your prescription.

# Specialty Drug List

1/1/15

Abraxane	Cerezyme	Firazyr*	<b>Intron-A</b> (INJ, SQ)	<b>Neulasta*</b>
Actemra IV*+	Cetrotide	Firmagon	Iressa	Neumega
<b>Actemra SQ*+</b>	Cholbam	Flebogamma*	iron dextran (generic for Dexferrum)	<b>Neupogen*</b>
Acthar HP*	Chorionic Gonadotropin	Flolan	Irinotecan	<b>Nexavar</b>
Actimmune NF	Cimzia*+	Flolan/diluent	Istodax	Nexplanon
Adagen	Cinryze*	Follistim AQ*+	Ixempra	Nipent
Adcetris	Cometriq	Folotyn	Jakafi	<b>Norditropin*</b>
Adcirca	<b>Copaxone 20mg*</b>	fondaparinux (generic Arixtra)	Jetrea	Nothera
<b>Adempas</b>	<b>Copaxone 40mg*+</b>	<b>Forteo*</b>	Jevtana	Novantrone
Advate	Copegus	Fragmin	Juxtapid	Novarel
Afinitor	Corifact	Fusilev	Kadcyla	Novoeight
Agrylin	Crinone	Fuzeon	Kalbitor	Novoseven
Aldurazyme	Cyramza	Gamastan S/D*	Kalydeco*	Nplate
Alferon-N	Cystadane	Gammagard*	Keytruda	Nulojix
Alimta	Cystagon	Gammagard S/D*	Kineret*+	Nutropin AQ*+
Alphanate	Cystaran	Gammaked*	Kitabis Pak Nebulizer	Nutropin*+
Alphanine SD	Cytogam	Gammaplex*	Koate-DVI	Obdivo
Alprolix	Cytovene	Gamunex C*	Kogenate FS	OBI-1
Amevive	Dacogen	ganciclovir (generic Cytovene)	Korlym*	Octagam*
<b>Ampyra</b>	Deferoxamine	Ganciclovir Sodium	Krystexxa*	Octreotide Acetate*
anagrelide (generic Agrylin)	Dexferrum	Ganirelix AC	<b>Kuvan</b>	Ofev*
anastrozole (generic Arimidex)	DDAVP	Ganite	Kyprolis	Oforta
Antagon	Decitabine	Gattex	Lemtrada	Olysio*
Apokyn	Desmopressin	Gazyva	<b>Letairis</b>	Omnitrope*+
Aralast	Docefrez	Gel-One*+	letrozole (generic Femara)	Omontys
Aralast NP	Docetaxel	<b>Genotropin*</b>	Leukine*	Oncaspar
Aranesp (INJ, SQ)*+	Doxil	<b>Gilenya*+</b>	Leuprolide inj	<b>Opsumit</b>
Arcalyst*	Doxorubicin	Gilotrif	Lipodox	Oralair*
Aredia	Dysport*	Glassia	Lemtrada	Orencia IV*+
Arestin	Egrifta	<b>Gleevec</b>	Lovenox	<b>Orencia SC*+</b>
Arimidex	Elapraso	<b>Gonal-F (all)</b>	Lucentis	Orenitram
Arixtra	Elelyso	Granix*	Lumizyme	Orfadin
Aromasin	Eligard	Halaven	Lupaneta	<b>Orthovisc*</b>
Arzerra	Eloctate	Harvoni*	Lupron	<b>Otezla*+</b>
Atryn	Elonva*+	Helixate FS	Lupron Depot	Ovidrel
Aubagio*+	Elspar	Hemofil-M	Lupron Depot Ped	Ozurdex
Avastin	<b>Enbrel*</b>	Hepagam	Luveris	Pamidronate Disodium
Aveed	enoxaparin (generic Lovenox)	Herceptin	Lynparza	Panretin
<b>Avonex*</b>	Entyvio*	Hetlioz*	Macugen	<b>Pegasys*</b>
azacitidine	Epogen*+	Hizentra*	<b>Makena</b>	PEG-Intron*+
Bebulin	Epoprostenol sodium	Humate-P	Matulane	Pentostatin
Bebulin VH	Erbitux	<b>Humatrope*</b>	Menopur	Perjeta
Beleodaq	Erivedge	<b>Humira*</b>	Mekinist	Plegridy*
Benefix	Erwinaze	Hyalgan*+	Mesna	Pomalyst
Benlysta	Esbriet*	<b>Hycamtin</b>	Mesnex	Pregnyl
Berinert*	Euflexxa*+	Hydroxyprogesterone	Micrhogam	Prialt
Bethkis	exemestane (generic Aromasin)	HyperRho S/D	Mirena	Privigen*
Bexxar	Exjade	HyQvia*	Mitomycin	Procheive
Bivigam*	<b>Extavia*</b>	Ibandronate	Mitoxantron HCl inj	<b>Procrit*</b>
Blincyto	Eylea	Iclusig	Moderiba	Procysbi
Boniva Injectable	Factrel	Idamycin	Monoclate-P	Profilnine SD
Bosulif	Faridak	Idarubicin	Mononine	Prolastin C
Botox*	Faslodex	Ilaris*	<b>Monovisc*</b>	Prolastin
Bravelle*+	Feiba NF	Imbruvica	Mozobil	Proleukin
Campath	Feiba VH	Implanon	Mugard	Prolia*
Campptosar	Femara	Incivek*	Myalept	Promacta
Carbaglu	Ferric Gluconate Inj	Increlex	Myobloc*	Provenge
Carimune NF*	Ferriprox	Infed	Myozyme	Pulmozyme
Cayston	Ferrlecit	<b>Infergen</b>	NABI-HB	Qutenza
Ceptrotin		Injectafer	Naglazyme	<b>Rapamune</b>
Cerdelga		Inlyta	Natpara	Ravicti
Ceredase				<b>Rebetol</b>
				<b>Rebif*</b>

<b>Rebif</b> <b>Rebidose*</b>	<b>Sensipar</b>	Tafinlar	Tyvaso	Xeomin*
Reclast*	Serostim*	<b>Tarceva</b>	Valchlor	Xgeva
Recombinate	Signifor	Targretin	Valstar	Xiaflex
Remicade*+	Sildenafil	Tasigna	Vantas	Xofigo
Prothelial	Simponi*+	Taxotere	Vectibix	Xolair*
<b>Remodulin</b>	Simponi Aria*+	<b>Tecfidera*+</b>	Velcade	Xtandi
Repronex	Sirolimus	<b>Temodar</b>	Veletri	Xyntha
Retisert	Skyla	Temozolomide	Venofer	<b>Xyrem</b>
Revatio	Soliris	Tev-Tropin*+	<b>Ventavis</b>	Yervoy
Revlimid	Somatuline Depot	Thalomid PO	Vfend IV	Zactima
Rhogam	Somavert	Thalomid IV	Viadur	Zaltrap
Rhophylac	Sovaldi*	Theracys	Victralis*	Zavesca
RiaSTAP	<b>Sprycel</b>	Thyrogen	Vidaza	Zelboraf
Ribapak	<b>Stelara*</b>	<b>Tikosyn</b>	Viekira*	Zemaira
Ribasphere	Stimate	TOBI	Vimizim	Zevalin
Ribatab	Stivarga	TOBI Podhaler	Visudyne	<b>Zoladex</b>
Ribavirin	Sucraid	topotecan (generic	Vivaglobin*	Zoledronic Acid
Rilutek	Supartz*+	Hycamtin)	Vivitrol	Zolinza
Riluzole	Supprelin LA	Torisel	Voriconazole IV	Zometa
Rituxan*+	<b>Sutent</b>	<b>Tracleer</b>	Votrient	Zorbtive*
Rixubis	Sylatron	Treanda	Vpriv	Zydelig
Ruconest*	Sylvant	<b>Trelstar Depot</b>	Wilate	Zykadia
Sabril	Synagis*	<b>Trelstar LA</b>	Winrho SDF	Zytiga
Saizen*+	Synarel NS	tretinoin PO	Xalkori	
Samsca	Synribo	Tretten	Xeljanz*+	
Sandostatin*	<b>Synvisc*</b>	<b>Tykerb</b>	<b>Xeloda</b>	
Sandostatin LAR*	<b>Synvisc One*</b>	Tysabri*	Xenazine	

Please note: Betaseron is excluded from coverage.

Effective 1/1/15

Preferred Drugs are listed in bold.

(\* ) May require prior authorization (+) Prior authorization for this drug requires member to first try at least one other drug, per Chart 1

Used to treat	You must try one of these drugs first ...	... before you have coverage for these drugs.
<b>Multiple Sclerosis</b>	Avonex, Copaxone, Extavia, Rebif	Gilenya, Tecfidera , Aubagio
	Copaxone 20mg	Copaxone 40mg
<b>Infertility</b>	Gonal-F (all)	Bravelle, Elonva, Follistim AQ
<b>Inflammatory Conditions</b>	Enbrel <b>or</b> Humira	Actemra SC, Orencia SC, Otezla
	Enbrel <b>and</b> Humira	Actemra IV, Cimzia, Kineret, Orencia IV, Remicade, Rituxan, Simponi Aria, Simponi SC, Xeljanz
<b>Osteoarthritis of the Knee</b>	Monovisc, Orthovisc, Synvisc, Synvisc One	Euflexxa, Gel-One, Hyalgan, Supartz
<b>Hepatitis C</b>	Pegasys	Peg-Intron
<b>Growth Deficiency</b>	Genotropin, Humatrope or Norditropin	Nutropin, Nutropin AQ, Omnitrope, Saizen, Tev-Tropin
<b>Red Blood Cell Stimulators</b>	Procrit	Aranesp, Epogen

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