

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

Retisert	Simponi Aria*+	Taxotere	Valstar	Xeomin*
Revatio	Skyla	Tecfidera *+	Vantas	Xgeva
Revlimid	Soliris	Temodar	Vectibix	Xiaflex
Rhogam	Somatuline Depot	Temozolomide	Velcade	Xofigo
Rhophylac	Somavert	Tev-Tropin*+	Veletri	Xolair*
RiaSTAP	Sovaldi*	Thalomid PO	Venofer	Xtandi
Ribapak	Sprycel	Thalomid IV	Ventavis	Xyntha
Ribasphere	Stelara *	Theracys	Vfend IV	Xyrem
Ribatab	Stimate	Thyrogen	Viadur	Yervoy
Ribavirin	Stivarga	Tikosyn	Victrelis*	Zactima
Rilutek	Sucraid	TOBI	Vidaza	Zaltrap
Riluzole	Supartz*+	TOBI Podhaler	Viekira*	Zavesca
Rituxan*+	Supprelin LA	topotecan (generic	Vimizim	Zelboraf
Rixubis	Sutent	Hycamtin)	Visudyne	Zemaira
Ruconest*	Sylatron	Torisel	Vivaglobin*	Zevalin
Sabril	Sylvant	Tracleer	Vivitrol	Zoladex
Saizen*+	Synagis*	Treanda	Voriconazole IV	Zoledronic Acid
Samsca	Synarel NS	Trelstar Depot	Votrient	Zolinza
Sandostatin*	Synribo	Trelstar LA	Vpriv	Zometa
Sandostatin LAR*	Synvisc *	tretinoin PO	Wilate	Zorbtive*
Sensipar	Synvisc One *	Tretten	Winrho SDF	Zydelig
Serostim*	Tafinlar	Tykerb	Xalkori	Zykadia
Signifor	Tarceva	Tysabri*	Xeljanz*+	Zytiga
Sildenafil	Targretin	Tyvaso	Xeloda	
Simponi*+	Tasigna	Valchlor	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.
Multiple Sclerosis	Avonex, Copaxone, Extavia, Rebif	Gilenya, Tecfidera , Aubagio
	Copaxone 20mg	Copaxone 40mg
Infertility	Gonal-F (all)	Bravelle, Elonva, Follistim AQ
Inflammatory Conditions	Enbrel or Humira	Actemra SC, Orencia SC, Otezla
	Enbrel and Humira	Actemra IV, Cimzia, Kineret, Orencia IV, Remicade, Rituxan, Simponi Aria, Simponi SC, Xeljanz
Osteoarthritis of the Knee	Monovisc, Orthovisc, Synvisc, Synvisc One	Euflexxa, Gel-One, Hyalgan, Supartz
Hepatitis C	Pegasys	Peg-Intron
Growth Deficiency	Genotropin, Humatrope or Norditropin	Nutropin, Nutropin AQ, Omnitrope, Saizen, Tev-Tropin
Red Blood Cell Stimulators	Procrit	Aranesp, Epogen

Your benefit document defines actual benefits available and may exclude coverage for certain drugs listed here. Check your benefit information to verify coverage, or view personal benefit information through our website. This page contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. This list may change without prior notice.