

Specialty Drug List

March 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

3/15/15

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

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

Please note: Betaseron and Harvoni are excluded from coverage. To request a formulary exception, please contact Customer Service at the number on the back of your card.

Preferred Drugs are listed in **bold**.

Effective 3/15/15

(*) 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

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