

Specialty Drug List

January 2016

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 our preferred specialty pharmacy, CVS/specialty™, for your specialty drug prescriptions. CVS/specialty is a division of CVS Caremark, 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 CVS/specialty at 800-237-2767 to get started with the process to have your specialty drug prescription(s) filled. Your doctor can also call CVS/specialty at this number or fax prescriptions to 800-323-2445.

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 800-237-2767 or faxing 866-249-6155.

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 CVS/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 CVS/specialty 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 CVS/specialty.

When you use CVS/specialty pharmacy and your prescription requires prior authorization, CVS/specialty 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. CVS/specialty can then fill your prescription.

Specialty Drug List – 1/1/16

Abraxane*	Cerdelga*	Ferriprox*	Imbruvica*	Mitoxantrone HCl inj*
Actemra**	Ceredase	Ferrlecit	Implanon	Moderiba
Acthar HP*	Cerezyme*	Firazyr*	Incivek*	Monoclate-P*
Actimmune NF*	Cetrotide*	Firmagon*	Increlex*	Mononine*
Adagen*	Cholbam*	Flebogamma*	Infed	Monovisc**
Adcetris*	Chorionic	Flolan	Infergen	Mozobil*
Adcirca*	Gonadotropin*	Follistim AQ**	Injectafer	Mugard
Adempas*	Cimzia**	Folotylin*	Inlyta*	Myalept*
Advate*	Cinryze*	Fondaparinux (generic	Intron-A (INJ, SQ)*	Myfortic
Afinitor*	Cometriq*	Arixtra)	Iressa*	Myobloc*
Agrylin	Copaxone*	Forteo*	iron dextran (generic for	Myozyme*
Aldurazyme*	Copegus*	Fragmin	Dexferrum)	NABI-HB
Alferon-N*	Corifact*	Fusilev*	Irinotecan	Naglazyme*
Alimta*	Cosentyx**	Fuzeon*	Istodax*	Natpara*
Alphanate*	Crinone	Gamastan S/D*	Ixempra*	Neoral
Alphanine SD*	Cyramza*	Gammagard*	Ixinity*	Neulasta*
Alprolix*	Cystadane	Gammagard S/D*	Jadenu*	Neumega*
Amevive	Cystagon*	Gammaked*	Jakafi*	Neupogen*
Ampyra*	Cystaran*	Gammalex*	Jetrea	Nexavar*
anagrelide (generic	Cytogam*	Gamunex C*	Jevtana*	Nexplanon
Agrylin)	Cytovene	ganciclovier (generic	Juxtapid*	Nipent
Antagon	Dacogen*	Cytovene)	Kadcyla*	Norditropin*
Apokyn*	DDAVP	Ganciclovier Sodium	Kalbitor*	Northera*
Aralast*	Decitabine*	Ganirelix*	Kalydeco*	Novantrone*
Aralast NP*	Deferoxamine*	Ganite	Kanuma	Novarel
Aranesp*	Desferal*	Gattex*	Kepivance	Novoeight*
Arcalyst*	Desmopressin	Gazyva*	Keveyis	Novoseven*
Aredia	Dexferrum	Gel-One*	Keytruda*	Nplate*
Arestin	Docefrez	Gemzar*	Kineret**	Nulojix
Arixtra	Docetaxel*	Gengraf	Kitabis Pak Nebulizer*	Nutropin AQ**
Aromasin	Doxil	Genotropin**	Koate-DVI*	OBI-1
Arzerra*	Doxorubicin	Gilenya*	Kogenate FS*	Obizur*
Astagraph XL	Duopa*	Gilotrif*	Korlym*	Octagam*
Atryn	Dysport*	Glassia*	Krystexxa*	Octreotide Acetate*
Aubagio**	Egrifta*	Glatopa*	Kuvan*	Odomzo*
Avastin*	Elaprase*	Gleevec*	Kynamro*	Ofev*
Aveed*	Elelyso*	Gonal-F (all)*	Kyprolis*	Oforta
Avonex**	Eligard*	Granix*	Lemtrada*	Olysio**
Azacididine*	Eloctate*	Grastek*	Lenvima*	Omnitrope**
Bebulin VH*	Eloxatin*	Halaven*	Letairis*	Omontys
Beleodaq*	Elspar	Hecoria	Leukine*	Oncaspar*
Benefix*	Enbrel*	Helixate FS*	Leuprolide inj*	Opdivo*
Benlysta*	Entyvio*	Hemofil-M*	Lipodox	Opsumit*
Berinert*	Envarsus XR	Hepagam	Lonsurf*	Oralair*
Betaseron*	Epogen*	Herceptin*	Lovenox	Orencia SC**
Bethkis*	Epoprostenol (Flolan)*	Hetlioz*	Lucentis*	Orenitram*
Bivigam*	Erbix*	Hizentra*	Lumizyme*	Orfadin*
Blincyto*	Erivedge*	Humate-P*	Lupaneta*	Orkambi*
Boniva Injectable	Erwinaze*	Humatrope*	Lupron Depot*	Orthovisc**
Bosulif*	Esbriet*	Humira*	Lupron Depot Ped*	Otezla**
Botox*	Euflexxa**	Hyalgan*	Luveris	Ovidrel*
Bravelle**	exemestane (generic	Hycamtin*	Lynparza*	Ozurdex*
Buphenyl*	Aromasin)	Hydroxyprogesterone	Macugen*	Pamidronate Disodium
Campath	Exjade*	HyperHep	Makena	Panretin
Camptosar	Extavia**	HyperRho S/D	Matulane	Pegasys*
capecitabine (generic	Eylea*	HyQvia*	Menopur*	PEG-Intron**
Xeloda*)	Fabrazyme*	Ibandronate	Mekinist*	Pentostatin
Caprelsa*	Factrel	Ibrance*	Mesna	Perjeta*
Carbaglu*	Farydak*	Iclusig*	Mesnex	Plegridy**
Carimune NF*	Faslodex	Idamycin	Micrhogam	Pomalyst*
Cayston*	Feiba NF*	Idarubicin	Mircera*	Pregnyl
CellCept	Feiba VH*	Ilaris*	Mirena	Prialt*
Ceprotin*	Ferric Gluconate Inj	Illuvien*	Mitomycin	Privigen*

Procheive	Rhogam	Stremsoq	Tracleer*	Winrho SDF
Procrit*	Rhophylac	Sucraid	Treanda*	Xalkori*
Procysbi*	RiaSTAP*	Supartz*	Trelstar Depot*	Xeljanz**
Profilnine SD*	Ribapak*	Supprelin LA*	Trelstar LA	Xeloda*
Prograf	Ribasphere*	Sutent*	tretinoin PO	Xenazine*
Prolastin*	Ribatab*	Sylatron*	Tretten*	Xeomin*
Prolastin C	Ribavirin*	Sylvant*	Tykerb*	Xgeva*
Profilnine SD*	Rituxan**	Synagis*	Tysabri**	Xiaflex*
Prolastin*	Rixubis*	Synarel NS	Tyvaso*	Xofigo
Prolastin C*	Ruconest*	Synribo*	Unituxin*	Xolair*
Proleukin*	Sabril*	Synvisc**	Valchlor*	Xtandi*
Prolia*	Saizen**	Synvisc One**	Valstar*	Xyntha*
Promacta*	Samsca*	Tafinlar*	Vandetanib*	Xyrem*
Provenge*	Sandimmune	Tarceva*	Vantas*	Yervoy*
Pulmozyme*	Sandostatin*	Targretin*	Vectibix*	Zactima
Qutenza	Sandostatin LAR*	Tasigna*	Velcade*	Zaltrap*
Ragwitek*	Sensipar*	Taxotere	Veletri*	Zarxio*
Rapamune	Serostim*	Tecfidera*	Venofer	Zavesca*
Ravicti*	Signifor LAR*	Temodar*	Ventavis*	Zecuity*
Rebetol	Sildenafil (Revatio)*	Temozolomide*	Vfend IV	Zelboraf*
Rebif*	Simponi**	Thalomid PO*	Viadur	Zemaira*
Rebif Rebidose*	Simponi Aria**	Thalomid IV*	Victrelis*	Zevalin
Reclast*	Sirolimus	Theracys	Vidaza*	Zoladex*
Recombinate*	Skyla	Thyrogen	Viekira Pak*	Zoledronic Acid*
Regranex*	Soliris*	Tikosyn*	Vimizim*	Zolinza*
Remicade**	Somatuline Depot*	TOBI*	Visudyne*	Zomacton**
Prothelial	Somavert*	TOBI Podhaler*	Vivaglobin*	Zometa*
Remodulin*	Sovaldi**	Tobramycin Inhalation Solution	Vivitrol*	Zorbtive*
Repronex*	Sprycel*	topotecan (generic)	Voriconazole IV	Zortress
Retisert*	Stelara**	Hycamtin)	Votrient*	Zydelig*
Revatio*	Stimate*	Torisel*	VPRIV*	Zykadia*
Revlimid*	Stivarga*		Wilate*	Zytiga*

Please note: Adynovate, Coagadex, Cotellic, Daklinza, Darzalex, Genvoya, Harvoni, Imlygic, Ninlaro, Nucala, Nuwiq, Onivyde, Praluent, Repatha, Strensiq, Tagrisso, Technivie, Veltassa and Yondelis are excluded from coverage. Some members are eligible to request a formulary exception. Please contact Customer Service at the number on the back of your ID card.

Preferred Drugs are listed in **bold**.

(*) May require prior authorization (+) Medical Necessity Prior Authorization. See Table A for more information.

Table A. Medical Necessity Prior Authorization

Condition	Before you have coverage for one of these drugs...	...you must have tried one (or more) of these alternative drugs first.
Growth Deficiency	Genotropin, Nutropin AQ, Omnitrope, Saizen, Zomacton	Humatrope, Norditropin
Hepatitis C (Direct Acting Antivirals)	Olysio, Sovaldi	Viekira Pak
Infertility	Bravelle, Follistim AQ	Gonal-F (all)
Inflammatory Conditions Crohn's Disease, Psoriasis, Rheumatoid Arthritis	Actemra, Cimzia, Cosentyx, Entyvio, Kineret, Orencia, Otezla, Remicade, Rituxan, Simponi, Simponi Aria, Stelara, Xeljanz	Enbrel and Humira
Multiple Sclerosis	Aubagio, Avonex, Extavia, Plegridy, Tysabri	Betaseron, Copaxone, Gilenya, Glatopa, Rebif, Tecfidera
Osteoarthritis of the Knee	Euflexxa, Monovisc, Orthovisc, Synvisc, Synvisc One	Gel-One, Hyalgan, Supartz

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