

# Specialty Drugs

April 1, 2020

**Not all benefit plans provide the same level of coverage for specialty drugs. Check your benefit information to learn how your plan covers specialty drugs.**

## 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.

This list applies to specialty drugs that are covered under the **pharmacy benefit** only. Some specialty drugs may also be billed under your medical benefit.

Most health plans require prior authorization for specialty drugs billed under the **medical benefit**. You can get more information on the Medical Prior Authorization drug list found online at your health plan's website.

## What is Prior Authorization?

This list notes specialty drugs that require prior authorization under your pharmacy benefit.

Prior Authorization is a quality and safety program that promotes the proper use of certain medications. If your doctor prescribes a specialty drug that requires

Prior Authorization, as determined by your plan, you must get prior approval before your plan will cover your medication. Prior authorization promotes the proper use of medications.

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.

## Where Can I Get My Specialty Drugs?

Most benefit plans require you to have your specialty drug prescriptions filled by our preferred specialty pharmacy, **Optum Specialty Pharmacy**. Optum Specialty Pharmacy is a service provided by OptumRx, an independent company that provides pharmacy benefit management services on behalf of our health plans. You can contact Optum Specialty Pharmacy at **877-259-9428**.

## What Happens at a Specialty Pharmacy?

Usually, your doctor will call or fax a prescription directly to a specialty pharmacy. If your prescription requires prior authorization, the specialty pharmacy will tell your doctor how to request this.

The information in this document does not apply to the Affordable Care Act (ACA) Business Advantage product.

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.

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 your personal benefit information on our website. This list may contain trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with your health plan. This list may change or expand from time to time without prior notice. When we list brand-name drugs, programs may also apply to any available generic equivalents.

## Specialty Drug List

This list applies to specialty drug coverage under the *pharmacy benefit only*. Drugs listed with a (\*) may require prior authorization, depending on your plan.

Drugs listed with a (+) require medical necessity prior authorization — see **Table A** for more information. Please call Optum Specialty Pharmacy at **855-811-2218** to request prior authorization for these drugs.

Preferred drugs under the pharmacy benefit are listed with a (#). Drugs listed with a (^) have quantity limits. See the Quantity Management List on your health plan's website for more information.

<p><b>A</b></p> <hr/> <p>Abiraterone (*#)            Abraxane (*)            Actemra (*^)            Actimmune (*)            Adagen (*)            Adcetris (*)            Adcirca (*^)            Adefovir Dipivoxil (#)            Adempas (*#^)            Advate (*)            Adynovate (*#)            Afinitor (*^)            Aldurazyme (*)            Alecensa (*^)            Alferon            Alimta (*)            Aliqopa (*)            Alphanate (*)            Alphanine SD (*)            Alprolix (*)            Alunbrig (*^)            Alyq (*#)            Ambrisentan (*#^)            Ampyra (*^) <i>(Generic available-Brand is non-preferred)</i>            Apligraf            Apokyn (*)            Aralast (*)            Aranesp (*)            Arcalyst (*^)            Arzerra (*)            Astagraf XL            Aubagio (*#^)            Avastin (*)            Avonex (*^)            Azacitidine (*#)</p> <p><b>B</b></p> <hr/> <p>Balversa (*^)            Baraclude            Bavencio (*)            Bebulin (*)            Beleodaq (*)            Bendamustine (*)            Bendeka (*)            Benefix (*)            Benlysta (*)            Berinert (*)            Besponsa (*)            Betaseron (*#^)</p>	<p>Bethkis (*^)            Bexarotene (*#)            Bivigam (*)            Blincyto (*)            Boniva            Bosentan (*^)            Bosulif (*#^)            Botox (*)            Braftovi (*^)            Buphenyl (*)</p> <p><b>C</b></p> <hr/> <p>Cabometyx (*^)            Calquence (*^)            Camptosar            Capecitabine (*#)            Caprelsa (*^)            Carbaglu (*)            Carimune (*)            Cayston (*^)            Cellcept            Ceprotin            Cerdelga (*^)            Cerezyme (*^)            Cetrotide (*)            Cholbam (*)            Chorionic Gonadotropin (*)            Cimzia (*^)            Cinacalcet (*#)            Cinryze (*)            Coagadex (*)            Cometriq (*)            Copaxone (*^)            Copegus (*)            Copiktra (*^)            Corifact            Cosentyx (*#^)            Cotellic (*^)            Crinone            Cyramza (*)            Cystadane            Cystagon (*)            Cystaran (*)            Cytogam (*)            Cytovene</p> <p><b>D</b></p> <hr/> <p>Dacogen (*)            Dalfampridine (*#)            Darzalex (*)            Daurismo (*^)            Ddavp            Decitabine (*#)</p>	<p>Deferasirox (*#)            Deferoxamine Mesylate (*#)            Desferal (*)            Diacomit (*^)            Docetaxel (*)            Doxil            Doxorubicin (#)            Duopa            Dupixent (*#^)            Dysport (*)</p> <p><b>E</b></p> <hr/> <p>Egrifta (*)            Elaprase (*)            Elelyso (*^)            Eligard (*)            Eloctate (*)            Empliciti (*)            Enbrel (*#)            Entecavir (#)            Entyvio (*^)            Epcusa (*#^)            Epidiolex (*^)            Epivir HBV (^)            Epogen (*)            Epoprostenol (*#)            Erbitux (*)            Erivedge (*^)            Erleada (*#^)            Erlotinib (*#)            Erwinaze (*)            Esbriet (*^)            Euflexxa (*)            Exjade (*)            Extavia (*^)            Eylea (*)</p> <p><b>F</b></p> <hr/> <p>Fabrazyme (*)            Farydak (*)            Faslodex            Feiba (*)            Feraheme            Ferric Gluconate (#)            Ferriprox (*)            Ferrlecit            Fibryga            Firazyr (*)            Firmagon (*)            Flebogamma (*)            Flolan (*)            Follistim AQ (*^)            Folutyn (*)</p>	<p>Forteo (*#^)            Fusilev (*)            Fuzeon (#)</p> <p><b>G</b></p> <hr/> <p>Galafold (*^)            Gamastan (*)            Gamastan S/D (*)            Gammagard/SD (*)            Gammaked (*)            Gammaplex (*)            Gamunex-C (*)            Ganciclovir (#)            Ganirelix AC (*)            Gattex (*^)            Gazyva (*)            Gel-One (*#)            Genotropin (*)            Gilenya (*#^)            Gilotrif (*^)            Glassia (*)            Glatiramer (*#)            Glatopa (*#^)            Gleevec (*^)            Gonal-F/RFF (*#^)            Granix (*)</p> <p><b>H</b></p> <hr/> <p>Haegarda (*)            Halaven (*)            Harvoni (*#^)            Helixate FS (*)            Hemofil M (*)            Hepagam B            Hepsera            Herceptin (*)            Herceptin Hylecta (*)            Hetlioz (*^)            Hizentra (*)            HP Acthar (*^)            Humate-P (*)            Humatrope (*#)            Humira (*#^)            Hyalgan (*)            Hycamtin (*#)            Hycamtin (*)            Hydroxyprogesterone (#)            Hyperhep B            Hyperrab            Hyperrab S/D            Hyperrho S/D            Hyqvia (*)</p>
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**I**

Ibrance (\*#^)  
 Iclusig (\*^)  
 Idamycin PFS  
 Idarubicin (#)  
 Ilaris (\*#)  
 Iluvien  
 Imatinib (\*#)  
 Imbruvica (\*^)  
 Imfinzi (\*)  
 Imogam  
 Imovax  
 Increlex (\*)  
 Infed  
 Inflectra (\*^)  
 Inlyta (\*^)  
 Intron A (\*#)  
 Iressa (\*)  
 Irinotecan (#)  
 Istodax (\*)  
 Ixempra (\*)  
 Ixinity (\*)

**J**

Jadenu (\*)  
 Jakafi (\*^)  
 Jetrea (\*)  
 Jevtana (\*)  
 Juxtapid (\*^)

**K**

Kadcyla (\*)  
 Kalbitor (\*)  
 Kalydeco (\*^)  
 Kanuma (\*)  
 Kedrab  
 Kepivance  
 Keytruda (\*)  
 Kineret (\*^)  
 Kisqali (\*#^)  
 Kitabis (\*#^)  
 Koate/DVI (\*)  
 Kogenate FS (\*#)  
 Korlym (\*^)  
 Krystexxa (\*)  
 Kuvan (\*#)  
 Kyleena  
 Kynamro (\*^)  
 Kyprolis (\*)

**L**

Lamivudine (#)  
 Lartruvo (\*)  
 Lemtrada (\*)  
 Lenvima (\*^)  
 Letairis (\*^)  
 Leukine (\*)  
 Leuprolide (\*#)  
 Levoleucovor (\*#)  
 Liletta  
 Lipodox (#)  
 Lonsurf (\*)  
 Lorbreina (\*^)

Lucentis (\*)  
 Lumizyme (\*)  
 Lupaneta (\*)  
 Lupron/Depot (\*)  
 Lynparza (\*^)

**M**

Macugen (\*)  
 Makena (#)  
 Marqibo  
 Matulane (#)  
 Mavyret (\*#^)  
 Mekinist (\*^)  
 Mektovi (\*^)  
 Menopur (\*)  
 Mesna (#)  
 Mesnex  
 Micrhogam PL  
 Miglustat (\*#)  
 Mirena  
 Mitomycin (#)  
 Mitoxantron (\*#)  
 Moderiba (#)  
 Moderiba (\*)  
 Monoclote-P (\*)  
 Mononine (\*)  
 Monovisc (\*)  
 Mozobil (\*)  
 Mugard  
 Mutamycin (#)  
 Myalept (\*)  
 Myfortic  
 Myobloc (\*)

**N**

Nabi-HB  
 Naglazyme (\*)  
 Natpara (\*)  
 Neoral  
 Nerlynx (\*)  
 Neulasta (\*^)  
 Neupogen (\*)  
 Nexavar (\*^)  
 Nexplanon  
 Ninlaro (\*)  
 Nipent  
 Norditropin (\*#)  
 Northera (\*^)  
 Novarel (\*)  
 Novoeight (\*)  
 Novoseven RT (\*)  
 Nplate (\*)  
 Nulojix  
 Nutropin AQ (\*)

**O**

Obizur (\*)  
 Ocrevus (\*^)  
 Octagam (\*)  
 Octreotide (\*#)  
 Odomzo (\*^)  
 Ofev (\*^)  
 Omnitrope (\*)  
 Oncaspar (\*)

Onivyde (\*)  
 Opdivo (\*)  
 Opsumit (\*#^)  
 Oralair (\*)  
 Orenicia (\*^)  
 Orenitram (\*)  
 Orfadin (\*)  
 Orkambi (\*^)  
 Orthovisc (\*)  
 Otezla (\*#^)  
 Otrexup (\*^)  
 Ovidrel (\*)  
 Ozurdex

**P**

Pamidronate (#)  
 Panretin  
 Pegasys (\*#)  
 PegIntron (\*)  
 Perjeta (\*)  
 Phenylbutyrate (\*#)  
 Pegridy (\*^)  
 Pomalyst (\*^)  
 Pregnyl (\*)  
 Prialt (\*)  
 Privigen (\*)  
 Procrit (\*)  
 Procysbi (\*)  
 Profilnine (\*)  
 Prograf  
 Prolastin-C (\*#)  
 Proleukin (\*)  
 Prolia (\*)  
 Promacta (\*^)  
 Prothelial  
 Provenge (\*)  
 Pulmozyme (\*^)  
 Purixan (\*)

**Q**

Qutenza

**R**

Rabavert  
 Radicava (\*^)  
 Rapamune (#)  
 Rasuvo (\*^)  
 Ravicti (\*)  
 Rebetol (\*#)  
 Rebif/Rebidose (\*#^)  
 Reclast (\*)  
 Recombinate (\*)  
 Remicade (\*^)  
 Retisert  
 Revatio (\*^)  
 Revlimid (\*^)  
 Rhogam  
 Rhophylac  
 Riastap  
 Ribapak (\*)  
 Ribasphere (#)  
 Ribavirin (#)  
 Rilutek  
 Riluzole (#)

Rituxan (\*)  
 Rixubis (\*)  
 Romidepsin (\*)  
 Rubraca (\*^)  
 Ruconest (\*)  
 Rydapt (\*^)

**S**

Sabril (\*^)  
 Saizen (\*)  
 Saizenprep (\*)  
 Samsca (\*)  
 Sandimmune (#)  
 Sandostatin (\*^)  
 Sensipar (\*#^)  
 Serostim (\*)  
 Signifor/LAR (\*^)  
 Sildenafil (#^)  
 Simponi/Aria (\*^)  
 Skyla  
 Sodium Phenylbutyrate (\*#)  
 Solesta  
 Soliris (\*)  
 Somatuline (\*^)  
 Somavert (\*^)  
 Sprycel (\*#^)  
 Stelara (\*#^)  
 Stimate (\*)  
 Stivarga (\*)  
 Strensiq (\*)  
 Sucraid  
 Supartz/FX (\*#)  
 Supprelin LA (\*)  
 Sutent (\*^)  
 Sylatron (\*^)  
 Sylvant (\*)  
 Synagis (\*)  
 Synarel  
 Synribo (\*)  
 Synvisc (\*)

**T**

Tadalafil (\*#)  
 Tafenlar (\*^)  
 Tagrisso (\*^)  
 Talzenna (\*^)  
 Tarceva (\*^)  
 Targretin (\*)  
 Taxotere (\*)  
 Tecentriq (\*)  
 Tecfidera (\*#^)  
 Temodar (\*)  
 Temozolomide (\*#)  
 Temsirolimus (\*#)  
 Tetrabenazin (\*#)  
 Thalomid (\*^)  
 Theracys  
 Thyrogen  
 Tobi Podhaler (\*#^)  
 Tobramycin (\*#^)  
 Topotecan (\*)  
 Torisel (\*^)  
 Tracleer (\*#^)  
 Treanda (\*)

Trelstar (\*)  
 Treprostinil (\*#)  
 Tretinoin (#)  
 Tretten  
 Tykerb (\*#^)  
 Tysabri (\*^)  
 Tyvaso (\*^)

**U**

Unituxin  
 Uptravi (\*#)

**V**

Valchlor (\*)  
 Valrubicin (\*#)  
 Valstar (\*)  
 Vantas (\*)  
 Varithena  
 Varizig  
 Vectibix (\*)  
 Velcade (\*)  
 Veletri (\*)

Venclexta (\*)  
 Venofer  
 Verzenio (\*^)  
 Vfend  
 Vidaza (\*)  
 Vigabatrin (\*#)  
 Vigadrone (\*#)  
 Viktrakvi (\*^)  
 Vimizim (\*)  
 Visco-3 (\*)  
 Visudyne (\*)  
 Vivitrol  
 Voraxaze  
 Voriconazole (#)  
 Vosevi (\*#^)  
 Votrient (\*^)  
 Vpriv (\*)

**W**

Wilate (\*)  
 Winrho SDF

**X**

Xalkori (\*^)  
 Xeljanz/XR (\*#^)  
 Xeloda (\*^)  
 Xeomin (\*)  
 Xermelo (\*)  
 Xgeva (\*)  
 Xiaflex (\*)  
 Xolair (\*#^)  
 Xospata (\*^)  
 Xtandi (\*#^)  
 Xyntha/Solof (\*)  
 Xyrem (\*)

**Y**

Yervoy (\*)  
 Yondelis (\*)

**Z**

Zaltrap (\*)  
 Zarxio (\*)

Zavesca (\*)  
 Zejula (\*#^)  
 Zelboraf (\*^)  
 Zemaira (\*)  
 Zevalin  
 Zoladex (\*)  
 Zoledronic (\*#)  
 Zolinza (\*#)  
 Zomacton (\*)  
 Zometa (\*)  
 Zorbtive (\*)  
 Zortress  
 Zydelig (\*^)  
 Zykadia (\*^)  
 Zytiga (\*#^)

**Table A: Specialty Drugs That May Require Medical Necessity Prior Authorization**

Condition/Drug Class	Before you have coverage for one of these drugs...	...you must have tried one (or more) of these alternative drugs first.
<b>Brain Cancer</b>	Temodar	temozolomide
<b>Colon Cancer</b>	Xeloda	capecitabine
<b>Cystic Fibrosis</b>	TOBI Podhaler	Tobramycin inhalation
<b>Decrease in White Blood Cells</b>	Neupogen	Zarxio
<b>Growth Deficiency</b>	Genotropin, Nutropin/AQ, Omnitrope, Saizen, Zomacton	Humatrope, Norditropin Flexpro
<b>Hemophilia</b>	Helixate FS	Kogenate
<b>High Cholesterol</b>	Juxtapid, Kynamro	Repatha
<b>Infertility</b>	Follistim AQ	Gonal-F ( <i>all</i> )
<b>Inflammatory Conditions (Crohn's Disease, Psoriasis, Rheumatoid Arthritis)</b>	Actemra, Cimzia, Entyvio, Inflectra, Kineret, Orencia, Remicade, Rituxan, Simponi/Aria	Cosentyx, Enbrel, Humira, Kevzara, Otezla, Stelara, Xeljanz/XR
<b>Leukemia/Multiple Cancers</b>	Gleevec	imatinib
<b>Multiple Sclerosis</b>	Avonex, Extavia, Ocrevus, Plegridy, Tysabri	Aubagio, Betaseron, Copaxone, Gilenya, glatiramer, Glatopa, Rebif, Tecfidera
<b>Osteoarthritis of the Knee</b>	Euflexxa, Monovisc, Orthovisc, Synvisc/One	Gel-One, Hyalgan, Supartz
<b>Pulmonary Arterial Hypertension</b>	Adcirca, Revatio	tadalafil, sildenafil

## Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing [contact@hcrcompliance.com](mailto:contact@hcrcompliance.com) or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

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Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

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如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

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Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

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이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오.  
귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

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Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

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Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

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إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

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Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

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Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

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Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

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Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

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あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

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Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

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اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

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Ni da doodago t'áá háida biká'aná nilwo'ígíí díí Béeso Ách'ááh naa'nilígi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'ishíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdzih nínízingo, koji' béésh bee hółne' 1-844-516-6328. (Navajo)