

Specialty Drugs

January 1, 2021

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 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*. Drugs listed with a (*) may require prior authorization, depending on your plan. Please call **855-811-2218** to request prior authorization for these drugs. Preferred drugs under the pharmacy benefit are listed with a (#).

Note that some drugs listed may require use of one or more alternative drugs before authorization will be granted. Please see **Table A** for more information.

A	Blincyto (*) Boniva Bosentan (*) Bosulif (*#) Botox (*) Braftovi (*) Buphenyl (*)	Duopa Dupixent (*#) Durolane (*#) Dysport (*)	G
Abiraterone (*#) Abraxane (*) Actemra (*) Actimmune (*) Adcetris (*) Adecirca (*) 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>) Apokyn (*) Aralast (*) Aranesp (*) Arcalyst (*) Arzerra (*) Astagraf XL Aubagio (*#) Avastin (*) Avonex (*#) Ayvakit (*) Azacitidine (*#)	C	E	Galafold (*) Gamastan (*) Gamastan S/D (*) Gammagard/SD (*) Gammaked (*) Gammaplex (*) Gamunex-C (*) Ganciclovir (#) Ganirelix (*#) Gattex (*) Gazyva (*) Gel-One (*) Gelsyn (*#) Genotropin (*) Gilenya (*#) Gilotrif (*) Givlaari (*) Glassia (*) Glatiramer (*#) Glatopa (*#) Gleevec (*) Gonal-F/RFF (*) Granix (*)
B	Cabometyx (*) Calquence (*) Camptosar Caprelsa (*) Carbaglu (*) Carimune (*) Cayston (*) Cellcept Ceprotin Cerdelga (*) Cerezyme (*) Cetrotide (*) Cholbam (*) Cimzia (*#) Cinacalcet (*#) Cinryze (*) Coagadex (*) Cometriq (*) Copaxone (*#) Copiktra (*) Corifact Cosentyx (*) Cotellic (*) Crinone Cynamza (*) Cystadane Cystadrops Cystagon (*) Cystaran (*) Cytogam (*) Cytovene	D	H
Balversa (*) Baraclude Bavencio (*) Bebulin (*) Beleodaq (*) Bendamustine (*) Bendeka (*) Benefix (*) Benlysta (*) Berinert (*) Besponsa (*) Betaseron (*#) Bethkis (*) Bexarotene (*#) Bivigam (*)	Dacogen (*) Dalfampridine (*#) Darzalex (*) Daurismo (*) Decitabine (*#) Deferasirox (*#) Deferoxamine Mesylate (*#) Desferal (*) Diacomit (*) Dimethyl Fumarate (*) Docetaxel (*) Doxil Doxorubicin (#)	F	Haegarda (*) Halaven (*) Harvoni (*#) HCG (*) Helixate FS (*) Hemofil M (*) Hepsera Herceptin (*) Herceptin Hylecta (*) Hetlioz (*) Hizentra (*) HP Acthar (*) Humate-P (*) Humatrope (*#) Humira (*#) Hyalgan (*) Hycamtin (*#) Hydroxyprogesterone (#) Hyperrho S/D Hyqvia (*)
		Fabrazyme (*) Farydak (*) Faslodex Feiba (*) Fensolvi (*) Feraheme Ferric Gluconate (#) Ferriprox (*) Ferrelecit Fibryga Fintepla (*) Firazyr (*) Firmagon (*) Flebogamma (*) Flolan (*) Follistim AQ (*#) Folotyng (*) Forteo (*#) Fusilev (*) Fuzeon (#)	I
			Ibrance (*#) Iclusig (*) Idamycin PFS Idarubicin (#) Ilaris (*) Imatinib (*#)

Imbruvica (*)
Imfinzi (*)
Imovax
Increlex (*)
Infed
Inflectra (*)
Inlyta (*)
Intron A (*#)
Iressa (*)
Irinotecan (#)
Istodax (*)
Ixempra (*)
Ixinity (*)

J

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

K

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

L

Lamivudine (#)
Lartruvo (*)
Lemtrada (*)
Lenvima (*)
Letairis (*)
Leukine (*)
Leuprolide (*#)
Levoleucovor (*#)
Liletta
Lipodox (#)
Lonsurf (*)
Lorbrena (*)
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 Pak
Monoclate-P (*)
Mononine (*)
Monovisc (*)
Mozobil (*)
Mutamycin (#)
Myalept (*)
Myfortic
Myobloc (*)

N

Naglazyme (*)
Natpara (*)
Neoral
Nerlynx (*)
Neulasta (*)
Neupogen (*)
Nexavar (*)
Nexplanon
Ninlaro (*)
Nipent
Nivestym (*#)
Norditropin (*#)
Northera (*)
Novarel (*)
Novoeight (*)
Novoseven RT (*)
Nplate (*)
Nubeqa (*)
Nulojix
Nutropin AQ (*)

O

Obizur (*)
Ocrevus (*)
Octagam (*)
Octreotide (*#)
Odomzo (*)
Ofev (*)
Omnitrope (*)
Oncaspar (*)
Onivyde (*)
Opdivo (*)
Opsumit (*#)
Orencia (*)
Orenitram (*)
Orfadin (*)
Orkambi (*)
Orthovisc (*)
Otezla (*#)

Otrexup (*)
Ovidrel (*#)
Ozurdex

P

Padcev (*)
Pamidronate (#)
Panretin
Pegasys (*#)
PegIntron (*)
Perjeta (*)
Phenylbutyrate (*#)
Phesgo (*)
Plegridy (*)
Pomalyst (*)
Pregnyl (*)
Prialt (*)
Privigen (*)
Procrit (*#)
Procysbi (*)
Profilnine (*)
Prograf
Prolastin-C (*)
Proleukin (*)
Prolia (*)
Promacta (*)
Provenge (*)
Pulmozyme (*)
Purixan (*)
Pyrimethamine (25 mg tab)

Q

N/A

R

Radicava (*)
Rapamune (#)
Rasuvo (*)
Ravicti (*)
Rebetol (#)
Rebif/Rebidoso (*#)
Reblozyl SQ (*)
Reclast (*)
Recombinate (*)
Remicade (*)
Revatio (*)
Revlimid (*)
Rhogam
Rhophyllac
Riastap (*)
Ribapak (*)
Ribasphere (#)
Ribavirin (#)
Rilutek
Riluzole (#)
Rinvoq (*#)
Rituxan (*)
Rixubis (*)
Romidepsin (*)
Rubraca (*)
Ruconest (*)
Rydapt (*)

S

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

T

Tadalafil (*#)
Tafinlar (*)
Tagrisso (*)
Talzenna (*)
Taltz (*)
Tarceva (*)
Targretin (*)
Taxotere (*)
Tazverik (*)
Tecentriq (*)
Tecfidera (*#)
Temodar (*)
Temozolomide (*#)
Temsirolimus (*#)
Tetrabenazin (*#)
Thalomid (*)
Thyrogen
Tobi Podhaler (*)
Tobramycin (*#)
Topotecan (*)
Torisel (*)
Tracleer (*#)
Treanda (*)
Trelstar (*)
Tremfya (*#)
Trestinil (*#)
Tretinoin (#)
Tretten
Trikafta (*)

Tykerb (*#)
Tysabri (*)
Tyvaso (*)

U

Unituxin
Upravi (*#)

V

Valchlor (*)
Valrubicin (*#)
Valstar (*)
Vantas (*)
Varithena
Vectibix (*)
Velcade (*)
Velettri (*)
Venclexta (*)
Venofer

Verzenio (*)
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 (*)
Zepzelca (*)
Zevalin
Zoladex (*)
Zoledronic (*#)
Zolinza (*#)
Zomacton (*)
Zometa (*)
Zorbive (*)
Zortress
Zydelig (*)
Zykadia (*)
Zytiga (*#)

Table A: Specialty Drugs That May Require Use Of An Alternative First

Condition/Drug Class	Before you have coverage for one of these drugs...	...you must have tried one (or more) of these alternative drugs first.
Brain Cancer	Temodar	temozolomide
Colon Cancer	Xeloda	capecitabine
Cystic Fibrosis	TOBI Podhaler	Tobramycin inhalation
Decrease in White Blood Cells	Neupogen	Zarxio
Growth Deficiency	Genotropin, Nutropin/AQ, Omnitrope, Saizen, Zomacton	Humatrope, Norditropin Flexpro
Hemophilia	Helixate FS	Kogenate
High Cholesterol	Juxtapid, Kynamro	Repatha
Inflammatory Conditions (Crohn's Disease, Psoriasis, Rheumatoid Arthritis)	Actemra, Cosentyx, Enbrel, Entyvio, Kevzara, Kineret, Orencia, Rituxan, Siliq, Taltz	Cimzia, Humira, Otezla, Rinvoq, Simponi/Aria, Skyrizi, Stelara, Tremfya, Xeljanz/XR
Leukemia/Multiple Cancers	Gleevec	imatinib
Multiple Sclerosis	Extavia, Ocrevus, Plegridy, Tysabri	Aubagio, Avonex, Betaseron, Copaxone, Gilenya, glatiramer, Glatopa, Rebif, Tecfidera
Osteoarthritis of the Knee	Gel-One, Hyalgan, Monovisc, Orthovisc, Supartz, Synvisc/One	Durolane, Euflexxa, Gelsyn-3
Pulmonary Arterial Hypertension	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 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).

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)

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)

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)

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

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)

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)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية 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)

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)

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)

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)

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)

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)

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)

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)

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)