

Specialty Pharmacy Drug Management List

Definition of specialty medications: Specialty medications are generally prescribed for people with complex or ongoing medical conditions such as multiple sclerosis, hemophilia, hepatitis C and rheumatoid arthritis. These high cost medications also have one or more of the following characteristics: injected or infused, but some may be taken by mouth; unique storage or shipment requirements; additional education and support required from a health care professional; and usually not stocked at retail pharmacies.

This list of specialty drugs is updated monthly, and is subject to change without notice. Not all listed specialty drugs may be covered under all plan drug lists (formularies). Please refer to your plan drug list for drug specific coverage information.

Autoimmune

ACTEMRA SC (ST)
ARCALYST *(PA)
BENLYSTA (PA)
CIMZIA (ST)
COSENTYX (ST)
DUPIXENT (PA)
ENBREL (ST)
HUMIRA (ST)
ILARIS *(PA)
KEVZARA (ST)
KINERET *(ST)
ORENCIA SQ (ST)
OTEZLA (ST)
SILIQ
SIMPONI (ST)
STELARA (ST)
TALTZ (ST)
TREMIFYA (PA)
XELJANZ (ST)

Blood Modifiers

ARANESP
EPOGEN
GRANIX
LEUKINE
MOZOBIL
NEULASTA
NEUMEGA
NEUPOGEN
PROCRIT
PROMACTA (PA)
ZARXIO

Cancer – Injectable

ELIGARD
FIRMAGON
SYLATRON (PA)
SYNRIBO*

Cancer - Oral

AFINITOR / DISPERZ (PA)
ALECENSA* (PA)
ALUNBRIG* (PA)
bexarotene (PA)
BOSULIF (PA)
CABOMETYX* (PA)
CALQUENCE* (PA)
capecitabine (PA)
CAPRELSA *(PA)
COMETRIQ *(PA)
COTELLIC (PA)
ERIVEDGE *(PA)
FARYDAK *(PA)
GILOTRIF *(PA)

GLEEVEC (PA)
HEXALEN (PA)
HYCAMTIN (PA)
IBRANCE (PA)
IDHIFA (PA)
ICLUSIG *(PA)
imatinib mesylate (PA)
IMBRUVICA *(PA)
INLYTA (PA)
IRESSA* (PA)
JAKAFI *(PA)
KISQALI (PA)
KISQALI FEMARA (PA)
LENVIMA *(PA)
LONSURF*(PA)
LYNPARZA* (PA)
LYSODREN (PA)
MATULANE *(PA)
MEKINIST (PA)
NERLYNX*
NEXAVAR (PA)
NINLARO* (PA)
ODOMZO (PA)
POMALYST *(PA)
PURIXAN *
REVLIMID *(PA)
RUBRACA*(PA)
RYDAPT (PA)
SPRYCEL (PA)
STIVARGA (PA)
SUTENT (PA)
TAFINLAR (PA)
TAGRISSO* (PA)
TARCEVA (PA)
TARGRETIN (PA)
TASIGNA (PA)
TEMODAR (PA)
temozolomide (PA)
THALOMID (PA)
tretinoin (PA)
TYKERB (PA)
VENCLEXTA* (PA)
VERZENIO (PA)
VOTRIENT (PA)
XALKORI (PA)
XELODA (PA)
XTANDI (PA)
ZEJULA* (PA)
ZELBORAF (PA)
ZOLINZA (PA)
ZYDELIG *(PA)
ZYKADIA *(PA)
ZYTIGA (PA)

Cystic Fibrosis

BETHKIS(DT)
CAYSTON *(DT)
KALYDECO *(PA)
ORKAMBI *(PA)
PULMOZYME
TOBI (DT)
tobramycin (DT)

Enzyme Deficiencies

BUPHENYL (PA)
CARBAGLU *
CERDELGA
CYSTAGON *
KUVAN *
MYALEPT*(PA)
NITYR*
ORFADIN *
RAVICTI *(PA)
sodium
phenylbutyrate (PA)
STRENSIQ* (PA)
SUCRAID *
ZAVESCA *

Fertility&Pregnancy

BRAVELLE
CETROTIDE
chorionic
gonadotropin
FOLLISTIM AQ
GANIRELIX ACETATE
GONAL-F/ RFF
MENOPUR
NOVAREL
OVIDREL
PREGNYL
REPRONEX

Growth Hormones

GENOTROPIN (PA)
HUMATROPE (PA)
INCRELEX *
NORDITROPIN (PA)
NUTROPIN/ AQ (PA)
OMNITROPE (PA)
SAIZEN (PA)
SEROSTIM (PA)
TEV-TROPIN (PA)
ZOMACTON (PA)
ZORBTIVE (PA)

Hemophilia

ADVATE
ADYNOVATE
AFSTYLA
ALPHANATE
ALPHANINE SD
ALPROLIX
BEBULIN/ VH
BENEFIX
COAGADEX*
CORIFACT *
ELOCTATE
FEIBA NF/VH
HEMLIBRA (PA)
HEMOFIL M
HUMATE-P
IDELVION
KOATE-DVI
KOGENATE FS
KOVALTRY
MONOCLATE-P
MONONINE
NOVOEIGHT
NOVOSEVEN/ RT
NUWIQ
OBIZUR
PROFILNINE SD
RECOMBINATE
REBINYN
RIXUBIS
TRETEN *
VONVENDI*
WILATE
XYNTHA

Hepatitis C

COPEGUS
DAKLINZA (PA)
EPCLUSA (PA)
HARVONI (PA)
INCIVEK
INTRON-A
MAVYRET (PA)
PEGASYS (PA)
OLYSIO (PA)
PEG-INTRON (PA)
REBETOL
RIBAPAK
RIBASPHERE
RIBATAB
ribavirin
SOVALDI (PA)
TECHNIVIE (PA)
VICTRELIS

VIEKIRA (PA)
VOSEVI (PA)
ZEPATIER (PA)
HIV
FUZEON

Lung Disorders

ACTIMMUNE *
ESBRIET (PA)
GLASSIA
OFEV* (PA)

Multiple Sclerosis

AMPYRA (PA)
AUBAGIO
AVONEX
BETASERON
COPAXONE

(Continued on Page 2)

Key

* Limited Distribution

(DT) Duplicate Therapy

(PA) Requires Prior Authorization

(ST) Requires Step Therapy process

Limited distribution drugs are medications that may have special dosing requirements or lab monitoring that need to be followed very closely. Because of this, the manufacturer or Food and Drug Administration sometimes chooses to limit the distribution of their drug to only a few pharmacies.

Brand-name products are capitalized (e.g. FLOLAN).

Generic products are in lowercase (e.g. epoprostenol sodium).

Retail benefits are pharmacy benefits offered at a local retail pharmacy.

Products on this list may need to be obtained through the participating specialty pharmacy network, unless otherwise noted. Individual benefits may vary.

EXTAVIA
GILENYA
Glatopa
PLEGRIDY
REBIF
TECFIDERA
ZINBRYTA (PA)

Pulmonary Hypertension

ADCIRCA (PA)
ADEMPAS *(PA)
epoprostenol sodium *
FLOLAN *
LETAIRIS *(PA)
OPSUMIT* (PA)
ORENITRAM *(PA)
REMODULIN *
REVATIO (PA)
sildenafil citrate tabs
TRACLEER* (PA)
TYVASO *(PA)
UPTRAVI*
VENTAVIS *(PA)

Others

ALFERON N
APOKYN*
AUSTEDO*
BERINERT* (PA)
CHENODAL*
CHOLBAM*
CUPRIMINE
CUVITRU*(PA)
CYSTARAN *
DEPEN TITRATABS
ENDARI* (PA)
EXJADE
EMFLAZA*(PA)
FERRIPROX *
FIRAZYR (PA)
FORTEO (PA)
GAMUNEX-C (PA)
GATTEX *(PA)
GOCOVRI
HAEGARDA*(PA)
HIZENTRA (PA)
H.P. ACTHAR* (PA)
HYQVIA* (PA)
INGREZZA*
JADENU
JUXTAPID (PA)*
KALBITOR *(PA)
KORLYM *(PA)
KYNAMRO *(PA)

leuprolide acetate
LUPENTA KIT
LUPRON DEPOT/ PED
NATPARA(PA)*
OCALIVA* (PA)
octreotide acetate
PRALUENT (PA)
PROCYSBI*
REPATHA (PA)
RIASTAP
RUCONEST* (PA)
SAMSCA*
SANDOSTATIN/ LAR
SIGNIFOR *(PA)
SOMAVERT *
SYPRINE
THROMBATE III
TRIPTODUR*
TYMLOS (PA)
VALCHLOR *
VISTOGARD *
XENAZINE *
XERMELO*

Key

* Limited Distribution

(DT) Duplicate Therapy

(PA) Requires Prior Authorization

(ST) Requires Step Therapy process

Limited distribution drugs are medications that may have special dosing requirements or lab monitoring that need to be followed very closely. Because of this, the manufacturer or Food and Drug Administration sometimes chooses to limit the distribution of their drug to only a few pharmacies.

Brand-name products are capitalized (e.g. FLOLAN).

Generic products are in lowercase (e.g. epoprostenol sodium).

Retail benefits are pharmacy benefits offered at a local retail pharmacy.

Products on this list may need to be obtained through the participating specialty pharmacy network, unless otherwise noted. Individual benefits may vary.