

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.

Many specialty drug claims are paid under your pharmacy benefit. Some specialty drugs may be billed under your medical benefit. **Not all plans provide the same level of coverage for specialty drugs.** Check your benefit information to learn how your plan covers specialty drugs. You can also view your personal benefit information on our website.

With some plans, you must use our preferred specialty pharmacy, CVS/specialty™, for your specialty drug prescriptions. CVS/specialty is a division of CVS Health, an independent company that dispenses specialty drugs on behalf of your health plan. 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**.

Which Specialty Drugs Are Preferred?

Preferred specialty drugs are in **bold** print. Talk to your doctor about using a preferred specialty drug.

Which Specialty Drugs Require Prior Authorization?

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. An asterisk (*) identifies drugs that may require prior authorization, depending on your plan. Your doctor can request prior authorization for these drugs based on how your drug will be billed and covered:

- **For Drugs Billed Under the Pharmacy Benefit:** Your doctor should request prior authorization by calling **800-237-2767** or faxing **866-249-6155**.
- **For Drugs Billed Under the Medical Benefit:** Your doctor should request prior authorization through Caremark's Novologix medical prior authorization system. Your doctor can access this system by signing onto your health plan's provider portal.

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.

Abraxane*	Bravelle**P	Eloxatin*	Glassia*	Jevtana*
Actemra**+	Buphenyl*P	Elspar	Glatopa *P	Juxtapid**P
Acthar HP**P	Cabometyx*	Empliciti*	Gleevec**+P	Kadcyla*
Actimmune NF**P	Campath	Enbrel **P	Gonal-F (all) **P	Kalbitor**P
Adagen*P	Camptosar	Entecavir ^P	Granix*	Kalydeco**P
Adcetris*	Capecitabine *	Entyvio*	Grastek*	Kanuma*
Adcirca**+P	Caprelsa**P	Envarsus XR	Halaven*	Kcentra ^P
Adefovir dipivoxil	Carbaglu*P	Epogen*	Hecoria	Kepivance
Adempas **P	Carimune NF**P	Epoprostenol	Hectorol ^P	Keytruda*
Advate*P	Cayston*P	sodium *P	Helixate FS**+P	Kineret**+P
Adynovate**P	CellCept ^P	Erbix*P	Hemofil-M**P	Kitabis Pak Nebulizer**P
Afinitor**P	Ceprotrin ^P	Erivedge**P	Hepagam	Koate-DVI**P
Agrylin ^P	Cerdelga**P	Erwinaze*	Hepsera ^P	Kogenate FS **P
Aldurazyme**P	Ceredase	Esbriet**P	Herceptin*	Korlym**P
Alecensa**P	Cerezyme**P	Euflexxa**+	Hetlioz**P	Krystexxa*
Alferon-N	Cetrotide*	Exjade*	Hizentra**P	Kuvan**P
Alimta*	Cholbam*	Extavia**+P	Humate-P**P	Kynamro ^{+P}
Alphanate*P	Cimzia**+P	Eylea*	Humatrope **P	Kyprolis*
Alphanine SD**P	Cinryze*P	Fabrazyme**P	Humira *P	Lamivudine ^P
Alprolix**P	Coagadex**P	Factrel	Hyalgan *	Lemtrada*
Amevive	Cometriq*P	Farydak**P	Hycamtin**P	Lenvima**P
Ampyra **P	Copaxone 20mg **+P	Faslodex	Hydroxyproges-	Letairis **P
anagrelide (<i>generic</i>	Copaxone 40mg **P	Feiba NF**P	terone ^P	Leukine*
<i>Agrylin</i>) ^P	Copegus**P	Ferric Gluconate Inj	HyperHep	Leuprolide inj *
Antagon	Corifac ^P	Ferriprox**P	HyperRab ^P	Lipodox
Apligraf ^P	Cosentyx**+P	Ferrlecit	HyperRho S/D	Lonsurf**P
Apokyn*P	Cotellic*	Firazyr**P	HyQvia**P	Lucentis*
Aralast NP*	Crinone ^P	Firmagon*	Ibrance**P	Lumizyme**P
Aranesp*	Cyramza*	Flebogamma**P	Iclusig**P	Lupaneta**P
Arcalyst**P	Cystadane**P	Flolan**P	Idamycin	Lupron Depot**P
Aredia	Cystagon**P	Follistim AQ**+P	Idarubicin	Lupron Depot Ped**P
Arzerra*	Cystaran**P	Folotyng*	Ilaris**P	Luveris**P
Astagraph XL	Cytogam ^P	Forteo *	Illuvien*	Lynparza**P
Atryn	Cytovene	Fusilev*	Imatinib **P	Macugen*
Aubagio**+P	Dacogen*	Fuzeon ^P	Imbruvica**P	Makena ^P
Avastin	Darzalex*	Gamastan S/D**P	Imogam ^P	Matulane ^P
Aveed*	DDAVP	Gammagard**P	Implanon	Mekinst**P
Avonex**+P	Decitabine *	Gammagard S/D**P	Incivek**P	Menopur**P
Azacitidine *	Deferoxamine *	Gammaked**P	Increlex**P	Mesna
Baraclude ^P	Desferal*	Gammalex**P	Infed	Mesnex ^P
Bebulin VH**P	Desmopressin	Gamunex C**P	Infergen*	Micrhogam
Beleodaq*	Dexferrum	Ganciclovir	Inflectra**+	Mirena
Bendeka*	Docefrez*	Ganciclovier Sodium	Injectafer	Mitomycin
Benefix**P	Docetaxel *	Ganirelix**P	Inlyta**P	Mitoxantrone HCl
Benlysta*	Dofetilide *	Ganite	Intron-A (<i>INJ, SQ</i>)*	inj *
Berinert**P	Doxil	Gattex**P	Iressa**P	Moderiba**+P
Betaseron **P	Doxorubicin	Gazyva*	Iron dextran	Monoclalte-P**P
Bethkis**P	Duopa**P	Gel-One *	Irinotecan	Mononine**P
Bexarotene ^P	Dysport*	Gemcitabine*	Istodax*	Monovisc**+
Bivigam**P	Egrifta**P	Gemzar*	Ixempra*	Mozobil*
Blincyto*	Elaprased**P	Gengraf ^P	Ixinity**P	Mugard ^P
Boniva Injectable	Elelyso**P	Genotropin**+P	Jadenu**P	Myalept**P
Bosulif**P	Eligard*	Gilenya *P	Jakafi**P	Myfortic ^P
Botox*	Eloctate**P	Gilotrif**P	Jetrea	Myobloc*

Myozyme* ^P	Pamidronate	RiaSTAP ^P	Targretin* ^P	Viekira Pak/XR * ^P
NABI-HB	Disodium	Ribapak** ^P	Tasigna* ^P	Vimizim* ^P
Naglazyme* ^P	Panretin ^P	Ribasphere* ^P	Taxotere*	Visudyne*
Natpara*	Pegasys * ^P	Ribatab* ^P	Tecentriq*	Vivaglobin* ^P
Neoral ^P	PEG-Intron** ^P	Ribavirin ^P	Tecfidera * ^P	Vivitrol
Neulasta*	Pentostatin	Rilutek ^P	Temodar** ^P	Voriconazole IV
Neumega*	Perjeta*	Riluzole ^P	Temozolomide * ^P	Votrient* ^P
Neupogen**	Phenyl Butra	Rituxan**	Tetrabenazine * ^P	VPRIV* ^P
Nexavar* ^P	Powder ^P	Rixubis* ^P	Thalomid PO* ^P	Wilate* ^P
Nexplanon	Plegridy** ^P	Ruconest* ^P	Thalomid IV*	Winrho SDF
Ninlaro* ^P	Pomalyst* ^P	Sabril* ^P	Theracys	Xalkori* ^P
Nipent	Prialt*	Saizen** ^P	Thyrogen	Xeljanz** ^P
Norditropin	Privigen* ^P	Samsca* ^P	Tikosyn*	Xeljanz XR** ^P
Flexpro * ^P	Procheive	Sandimmune ^P	TOBI** ^P	Xeloda** ^P
Northera* ^P	Procrit *	Sandostatin*	TOBI Podhaler** ^P	Xenazine** ^P
Novantrone*	Procysbi* ^P	Sandostatin LAR*	Tobramycin	Xeomin*
Novoeight* ^P	Profilnine SD* ^P	Sensipar * ^P	Inhalation	Xgeva*
Novoseven* ^P	Prograf ^P	Serostim* ^P	Solution * ^P	Xiaflex*
Nplate*	Prolastin C*	Signifor LAR* ^P	Topotecan* ^P	Xofigo
Nulojix ^P	Proleukin*	Simponi** ^P	Torisel*	Xolair*
Nutropin** ^P	Prolia*	Simponi Aria**	Tracleer * ^P	Xtandi* ^P
Nutropin AQ** ^P	Promacta* ^P	Sirolimus ^P	Treanda*	Xyntha* ^P
OBI-1	Prothelial ^P	Skyla	Trelstar Depot*	Xyrem* ^P
Obizur* ^P	Provence*	Soliris*	Trelstar LA*	Yervoy*
Octagam* ^P	Pulmozyme* ^P	Somatuline Depot*	Tretinoin PO ^P	Zactima
Octreotide Acetate*	Qutenza* ^P	Somavert* ^P	Tretten ^P	Zaltrap*
Odomzo* ^P	Ragwitek* ^P	Sprycel* ^P	Tykerb* ^P	Zarxio *
Ofev* ^P	Rapamune ^P	Stelara** ^P	Tysabri**	Zavesca* ^P
Oforta	Rasuvo* ^P	Stimate* ^P	Tyvaso* ^P	Zecuity* ^P
Omnitrope** ^P	Ravicti* ^P	Stivarga* ^P	Tzeka ^P	Zelboraf* ^P
Omontys	Rebetol** ^P	Strensiq*	Unituxin	Zemaira*
Oncaspar*	Rebif * ^P	Sucraid ^P	Valchlor* ^P	Zevalin
Opdivo*	Rebif Rebidose * ^P	Supartz *	Valstar*	Zoladex*
Opsumit** ^P	Reclast*	Supprelin LA*	Vandetanib*	Zoledronic Acid *
Oralair* ^P	Recombinate* ^P	Sutent* ^P	Vantas*	Zolinza* ^P
Orencia SC** ^P	Regranex* ^P	Sylatron*	Vectibix*	Zomacton** ^P
Orencia IV**	Remicade**	Sylvant*	Velcade*	Zometa*
Orenitram* ^P	Remodulin* ^P	Synagis*	Veletri* ^P	Zorbtive* ^P
Orfadin* ^P	Repatha * ^P	Synarel NS ^P	Venclexta*	Zortress ^P
Orkambi* ^P	Repronex* ^P	Synribo*	Venofer	Zydelig* ^P
Orthovisc* ^P	Retisert*	Synvisc**	Ventavis* ^P	Zykadia* ^P
Otezla** ^P	Revatio** ^P	Synvisc One**	Vfend IV	Zytiga* ^P
Otrexup* ^P	Revlimid* ^P	Tafinlar* ^P	Viadur	
Ovidrel* ^P	Rhogam	Tagrisso*	Victrelis* ^P	
Ozurdex*	Rhophylac	Tarceva* ^P	Vidaza*	

Please refer to the Excluded Drug List for a list of specialty drugs that are excluded from coverage.

Preferred Drugs are listed in **bold**.

(*) May require prior authorization.

(+) Medical Necessity Prior Authorization. See Table A for more information.

(P) Pharmacy Benefit Coverage only.

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.
Brain Cancer	Temodar	temozolomide
Colon Cancer	Xeloda	capecitabine
Cystic Fibrosis	Tobi/Tobi Podhaler	Tobramycin inhalation
Decrease in White Blood Cells	Neupogen	Zarxio
Growth Deficiency	Genotropin, Nutropin AQ, Omnitrope, Saizen, Zomacton	Humatrope, Norditropin, Flexpro
Heart Arrhythmia	Tikosyn	dofetilide
Hemophilia	Helixate	Kogenate
High Cholesterol	Juxtapid, Kynamro	Repatha
Huntington's Disease	Xenaxine	tetrabenazine
Infertility	Bravelle, Follistim AQ	Gonal-F (<i>all</i>)
Inflammatory Conditions (<i>Crohn's Disease, Psoriasis, Rheumatoid Arthritis</i>)	Actemra, Cimzia, Cosentyx, Entyvio, Inflectra, Kineret, Orenicia, Otezla, Remicade, Rituxan, Simponi, Simponi Aria, Stelara, Xeljanz, Xeljanz XR	Enbrel and Humira
Leukemia/Multiple Cancers	Gleevec	imatinib
Multiple Sclerosis	Aubagio, Avonex, Extavia, Plegridy, Tysabri	Betaseron, Copaxone 40mg, Gilenya, glatopa, Rebif, Tecfidera
	Copaxone 20mg	glatopa
Osteoarthritis of the Knee	Euflexxa, Monovisc, Orthovisc, Synvisc, Synvisc One	Gel-One, Hyalgan, Supartz
Pulmonary Arterial Hypertension	Adcirca, Revatio	sildenafil
	Opsumit	Letairis, Tracleer

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 personal benefit information through our website. This page contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. This list may change without prior notice.

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.

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 online at 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，請撥電話 [在此插入數字 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 건보함에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

Kung ikaw, o ang iyong tinutulongan, 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 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)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 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)
