Specialty Drug List

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 selfinjected 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 CuraScript Specialty Pharmacy for your specialty drug prescriptions. CuraScript Specialty Pharmacy is 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.

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.

If you have a prescription for a medication on this list that your benefit plan does **not** cover, you can get it filled without prior authorization. You and your doctor should make the final decision about the medication that is right for you.

What Happens at the Pharmacy?

When you use a local pharmacy, the pharmacist enters your prescription into the computer system. If you are required to use CuraScript 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 CuraScript and a prior authorization is not required (or if you already have a prior authorization), the system will tell your pharmacist the amount you must pay.

When you use CuraScript Specialty Pharmacy and your prescription requires prior authorization, your pharmacist will work with your doctor and CuraScript on your behalf. If a prior authorization is not required (or if you already have a prior authorization), the system will tell your pharmacist the amount you must pay.

Which Specialty Drugs Are Preferred and Which Specialty Drugs 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 plan requires you to use CuraScript Specialty Pharmacy for your specialty drugs, your doctor must call 877-283-2829 for prior authorizations. Even if you are not required to use CuraScript for specialty drugs, you can still do so by calling 877-512-5981 toll free.

Specialty Drug List

Actemra* Acthar HP* Actimmune NF Adagen Adcetris Adcirca* Advate Afinitor Aldurazyme Alferon-N Alphanate Alphanine SD Amevive Ampyra* Aralast Aralast NP Aranesp* Arcalyst* Arzerra Aubagio* Avastin Avonex*+ Bebulin **Bebulin VH** Benefix Benlysta Berinert* Betaseron*+ **Boniva** Injectable Bosulif Botox* Bravelle Carbaglu Carimune NF* Ceprotin Ceredase Cerezyme Cimzia*+ Cinryze* Cometrig Copaxone* Copegus Corifact Cystadane Cystagon Cytogam Dacogen Dysport* Egrifta Elaprase Elelyso

Eligard Enbrel* Epogen* Epoprostenol sodium* Erivedge Erwinaze Euflexxa* Exjade Extavia*+ Eylea Fabrazyme Feiba NF Feiba VH Ferriprox Firazyr* Firmagon Flebogamma* Flolan* Follistim Forteo* Fusilev Fuzeon* GamaSTAN S/D* Gammagard* Gammagard S/D* Gammaked* Gammaplex* Gamunex* Gamunex C* Gattex Genotropin*+ Gilenya Glassia Gleevec Gonal-F Halaven Helixate FS Hemofil-M Herceptin Hizentra* Humate-P Humatrope*+ Humira* Hvalgan*+ Hycamtin Ilaris* Implanon Incivek* Iclusig Increlex*

Infergen Inlyta Intron-A Iressa Istodax Ixempra Jakafi Jevtana Juxtapid Kalbitor* Kalydeco* Kineret* Koate-DVI Kogenate FS Korlym* Krystexxa* Kuvan Kynamro **Kyprolis** Letairis* Leukine* Lucentis Lumizyme Lupron Lupron Depot Macugen Makena Margibo Monarc-M Monoclate-P Mononine Mozobil Myobloc* Myozyme Naglazyme Neulasta* Neumega Neupogen* Nexavar Norditropin* Novantrone Novoseven NPlate Nutropin AQ*+ Nutropin*+ Octagam* Octreotide Acetate* Oforta Omnitrope*+ Omontys* Orencia*

Orfadin Orthovisc*+ Pegasys* PEG-Intron*+ Perjeta Pomalyst Prialt Privigen* Procrit* **Profilnine SD** Prolasti Prolastin C Proleukin Prolia* Promacta Ravicti Rebetol Rebif* Reclast* Recombinate Refacto Remicade* Remodulin* Revatio* Revlimid Rhophylac RiaSTAP Ribapak Ribasphere Ribatab Ribavirin Rituxan* Sabril Saizen*+ Samsca Sandostatin* Sandostatin LAR* Sensipar Serostim* Signifor Simponi*+ Soliris Somatuline Depot Somavert Sprycel Stelara* Stimate Stivarga Supartz*+ Supprelin LA Sutent

Sylatron Synagis* Synribo Synvisc One*+ Synvisc*+ Tarceva Targretin Tasigna Temodar Tev-Tropin*+ Thalomid Thalomid IV Thyrogen Torisel Tracleer* Treanda **Trelstar Depot Trelstar LA** Tykerb Tvsabri* Tyvaso* Valstar Vantas Vectibix Velcade Veletri* Ventavis* Victrelis* Vidaza Visudvne Vivaglobin* Vivitrol Votrient Vpriv Wilate Winrho SDF Xalkori Xeloda Xeljanz* Xenazine Xeomin* Xgeva Xiaflex Xolair* Xtandi **Xyntha Xyrem** Yervoy

(*) May require prior authorization

(+) Non-preferred specialty drug: member must try a preferred specialty drug first.

Preferred specialty drugs are listed in bold print.

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.

Specialty Drug List

Zaltrap
Zavesca
Zelboraf
Zemaira
Zoladex
Zolinza
Zometa
Zorbtive*
Zytiga

(*) May require prior authorization

(+) Non-preferred specialty drug: member must try a preferred specialty drug first.

Preferred specialty drugs are listed in bold print.

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.

Eff. 06-15-2013