

Specialty Drugs

October 2017

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.

Not all plans provide the same level of coverage for specialty drugs. And with some plans, you must use our preferred specialty pharmacy, CVS Specialty, for your specialty drug prescriptions. CVS Specialty is a division of CVS Caremark, 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. 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 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.

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.

When you use CVS Specialty pharmacy and your prescription requires prior authorization, CVS Specialty will work with your doctor to get the information needed to make a decision. If a prior authorization is not required (or if you already have one), the system will tell your pharmacist the amount you must pay. CVS Specialty can then fill your prescription.

Specialty Drug List

Preferred drugs are listed with a (#). Drugs listed with a (*) may require prior authorization, depending on your plan. Drugs listed with a (+), may require medical necessity prior authorization, depending on your plan—see Table A for more information. If required, your doctor should request prior authorization for your drug based on how it will be billed and covered.

For Drugs Billed Under the Pharmacy Benefit

These specialty drug prior authorization requests go to CVS Specialty at **800-237-2767** (phone) or **866-249-6155** (fax). CVS Specialty is a division of CVS Health, an independent company that provides pharmacy services on behalf of your health plan.

For Drugs Billed Under the Medical Benefit

Your doctor should request prior authorization through CVS Caremark's Novologix medical prior authorization system. Your doctor can access this system by signing onto your health plan's provider portal.

Please see the Excluded Drug List for specialty drugs that are not covered.

Abraxane (*)	Benefix (*)	Cystaran (*)	Fabrazyme (*)	Hecoria
Actemra (#+)	Benlysta (*)	Cytogam	Factrel	Hectorol
Acthar HP (*)	Berinert (*)	Cytovene	Farydak (*)	Helixate FS (+)
Actimmune (*)	Betaseron (#*)	Dacogen (*)	Faslodex	Hemofil-M (*)
Adagen (*)	Bethkis (*)	Darzalex (*)	Feiba NF (*)	Hepagam
Adcetris (*)	Bexarotene (#)	DDAVP	Ferric Gluconate Inj	Hepsera
Adcirca (+)	Bivigam (*)	Decitabine (#*)	Ferriprox (*)	Herceptin (*)
Adefovir dipivoxil	Blincyto (*)	Deferoxamine (#*)	Ferrlecit	Hetlioz (*)
Adempas (#*)	Boniva Injectable	Desferal (*)	Firazyr (*)	Hizentra (*)
Advate (*)	Bosulif	Desmopressin	Firmagon (*)	Humate-P (*)
Adynovate (*)	Botox (*)	Dexferrum	Flebogamma (*)	Humatrope (#*)
Afinitor (*)	Bravelle (+)	Docefrez (*)	Flolan (*)	Humira (#*)
Aldurazyme (*)	Buphenyl (*)	Docetaxel (#*)	Follistim AQ (+)	Hyalgan (#*)
Alecensa (*)	Cabometyx (*)	Dofetilide (#*)	Folotylin (*)	Hycamtin (*)
Alferon-N	Campath	Doxil	Forteo (#*)	Hydroxyprogesterone (#)
Alimta (*)	Camptosar	Doxorubicin	Fusilev (*)	HyperHep
Alphanate (*)	Capecitabine (#*)	Duopa (*)	Fuzeon	HyperRab
Alphanine SD (*)	Caprelsa (*)	Dupixent (*)	Gamastan S/D (*)	HyperRho S/D
Alprolix (*)	Carbaglu (*)	Dysport (*)	Gammagard S/D (*)	HyQvia (*)
Alunbrig (*)	Carimune NF (*)	Egrifta (*)	Gammagard (*)	Ibrance (*)
Amevive	Cayston (*)	Elaprase (*)	Gammaked (*)	Iclusig (*)
Ampyra (#*)	CellCept	Elelyso (*)	Gammaplex (*)	Idamycin
Antagon	Ceprotrin	Eligard (*)	Gamunex C (*)	Idarubicin
Apligraf	Cerdelga (*)	Eloctate (*)	Ganciclovir (#)	Ilaris (*)
Apokyn (*)	Ceredase	Eloxatin (*)	Ganirelix (*)	Illuvien (*)
Aralast NP (*)	Cerezyme (*)	Elspar	Ganite	Imatinib (#*)
Aranesp (*)	Cetrotide (*)	Empliciti (*)	Gattex (*)	Imbruvica (*)
Arcalyst (*)	Cholbam (*)	Enbrel (#*)	Gazyva (*)	Imfinzi (*)
Aredia	Cimzia (+)	Entecavir (#)	Gel-One (#*)	Imogam
Arzerra (*)	Cinryze (*)	Entyvio (+)	Gemcitabine (*)	Implanon
Astagraf XL (*)	Coagadex (*)	Envarsus XR	Gemzar (*)	Incivek (*)
Atryn	Cometriq (*)	Epogen (*)	Gengraf	Increlex (*)
Aubagio (+)	Copaxone 20mg (+)	Epoprostenol sodium (#*)	Genotropin (+)	Infed
Avastin (*)	Copaxone 40mg (#*)	Erbitux (*)	Gilenya (#*)	Infergen (*)
Aveed (*)	Copegus (*)	Erivedge (*)	Gilotrif (*)	Inflectra (+)
Avonex (+)	Corifact	Erwinaze (*)	Glassia (*)	Injectafer
Azacitidine (#*)	Cosentyx (+)	Esbriet (*)	Glatopa (#*)	Inlyta (*)
Baraclude	Cotellic (*)	Euflexxa (+)	Gleevec (+)	Intron-A (*)
Bavencio (*)	Crinone	Exjade (*)	Gonal-F (#*)	Iressa (*)
Bebulin VH (*)	Cyramza (*)	Extavia (+)	Granix (*)	Irinotecan
Beleodaq (*)	Cystadane (*)	Eylea (*)	Grastek (*)	Iron dextran
Bendeka (*)	Cystagon (*)		Halaven (*)	Istodax (*)

Ixempra (*)	Mozobil (*)	Pentostatin	Sensipar (#*)	Unituxin
Ixinity (*)	Mugard	Perjeta (*)	Serostim (*)	Valchlor (*)
Jadenu (*)	Myalept	Phenyl Butra Powder	Signifor LAR (*)	Valstar (*)
Jakafi (*)	Myfortic (*)	Plegridy (+)	Sildenafil (#*)	Vandetanib (*)
Jetrea	Myobloc (*)	Pomalyst (*)	Simponi (+)	Vantas (*)
Jevtana (*)	Myozyme (*)	Prialt (*)	Simponi Aria (+)	Vectibix (*)
Juxtapid (+)	NABI-HB	Privigen (*)	Sirolimus (#)	Velcade (*)
Kadcyla (*)	Naglazyme (*)	Procheive	Skyla	Veletri (*)
Kalbitor (*)	Natpara (*)	Procrit (#*)	Soliris (*)	Venclexta (*)
Kalydeco (*)	Neoral	Procysbi (*)	Somatuline Depot (*)	Venofer
Kanuma (*)	Nerlynx (*)	Profilnine SD (*)	Somavert (*)	Ventavis (*)
Kcentra	Neulasta (*)	Prograf	Sovaldi (*)	Vfend IV
Kepivance	Neumega (*)	Prolastin C	Spinraza (*)	Viadur
Keytruda (*)	Neupogen (+)	Proleukin (*)	Sprycel (*)	Vitreliis (*)
Kineret (+)	Nexavar (*)	Prolia (*)	Stelara (+)	Vidaza (*)
Kisqali (*)	Nexplanon	Promacta (*)	Stimate (*)	Viekira Pak/XR (#*)
Kisqali/Femara Pack (*)	Ninlaro (*)	Prothelial	Stivarga (*)	Vimizim (*)
Kitabis Pak (*)	Nipent	Provenge (*)	Strensiq (*)	Visudyne (*)
Koate-DVI (*)	Norditropin (#*)	Pulmozyme (*)	Sucraid	Vivaglobin (*)
Kogenate FS (#*)	Northera (*)	Purixan (*)	Supartz FX (#*)	Vivitrol
Korlym (*)	Novantrone (*)	Qutenza (*)	Supprelin LA (*)	Voriconazole (#)
Krystexxa (*)	Novoeight (*)	Ragwitzek (*)	Sutent (*)	Votrient (*)
Kuvan (*)	Novoseven (*)	Rapamune	Sylatron (*)	VPRIV (*)
Kynamro (+)	Nplate (*)	Rasuvo (*)	Sylvant (*)	Wilate (*)
Kyprolis (*)	Nulojix	Ravicti (*)	Synagis (*)	Winrho SDF (*)
Lamivudine	Nutropin/AQ (+)	Rebetol (+)	Synarel NS	Xalkori (*)
Lartruvo (*)	OBI-1	Rebif/Rebifose (#*)	Synribo (*)	Xeljanz/XR (+)
Lemtrada (*)	Obizur (*)	Reclast (*)	Synvisc/One (+)	Xeloda (+)
Lenvima (*)	Ocrevus (+)	Recombinate (*)	Tafinlar (*)	Xenazine (+)
Letairis (#*)	Octagam (*)	Regranex (*)	Tagrisso (*)	Xeomin (*)
Leukine (*)	Octreotide Acetate (*)	Remicade (+)	Tarceva (*)	Xermelo (*)
Leuprolide (#*)	Odomez (*)	Remodulin (*)	Targretin (*)	Xgeva (*)
Lipodox	Ofev (*)	Repatha (#*)	Tasigna (*)	Xiaflex (*)
Lonsurf (*)	Oforta	Repronex (*)	Taxotere (*)	Xofigo
Lucentis (*)	Olysio (*)	Retisert (*)	Tecentriq (*)	Xolair (*)
Lumizyme (*)	Omnitrope (+)	Revatio (+)	Tecfidera (#*)	Xtandi (*)
Lupaneta (*)	Omontys	Revlimid (*)	Temodar (+)	Xyntha (*)
Lupron Depot/PED (*)	Oncaspar (*)	Rhogam	Temozolomide (#*)	Xyrem (*)
Luveris (*)	Onivyde (*)	Rhophylac	Tetrabenazine (#*)	Yervoy (*)
Lynparza (*)	Opdivo (*)	RiaSTAP	Thalomid IV (*)	Zactima
Macugen (*)	Opsumit (+)	Ribapak (+)	Thalomid PO (*)	Zaltrap (*)
Makena (#)	Oralair (*)	Ribasphere (*)	Theracys	Zarxio (*)
Matulane (#)	Orencia IV (+)	Ribatab (*)	Thyrogen	Zavesca (*)
Mekinist (*)	Orencia SC (+)	Ribavirin (#)	Tikosyn (+)	Zelboraf (*)
Menopur (*)	Orenitram (*)	Rilutek	TOBI/Podhaler (+)	Zejula (*)
Mesna	Orfadin (*)	Riluzole (#)	Tobramycin (#*)	Zemaira (*)
Mesnex	Orkambi (*)	Rituxan (+)	Topotecan (*)	Zevalin
Micrhogam	Orthovisc (+)	Rituxan Hycela (*)	Torisel (*)	Zoladex (*)
Mirena	Otezla (+)	Rixubis (*)	Tracleer (#*)	Zoledronic acid (#*)
Mitomycin	Otrexup (*)	Rubraca (*)	Treanda (*)	Zolinza (*)
Mitoxantrone HCl inj (*)	Ovidrel (*)	Ruconest (*)	Trelstar (*)	Zomacton (+)
Moderiba (+)	Ozurdex (*)	Rydapt (*)	Tretinoin	Zometa (*)
Monoclalte-P (*)	Pamidronate	Sabril (*)	Tretten	Zorbtive (*)
Mononine (*)	Disodium (#)	Saizen (+)	Tykerb (*)	Zortress
Monovisc (+)	Panretin	Samsca (*)	Tysabri (+)	Zydelig (*)
	Pegasys (#*)	Sandimmune (*)	Tyvaso (*)	Zykadia (*)
	PEG-Intron (+)	Sandostatin/LAR (*)	Tyzeka	Zytiga (*)

Table A: Specialty Drugs That May Require 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 FS	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, Orencia, Otezla, Remicade, Rituxan, Simponi/Aria, Stelara, Xeljanz/XR	Enbrel and Humira
Leukemia/Multiple Cancers	Gleevec	imatinib
Multiple Sclerosis (A)	Aubagio, Avonex, Extavia, Ocrevus, Plegridy, Tysabri	Betaseron, Copaxone 40mg, Gilenya, glatopa, Rebif, Tecfidera
Multiple Sclerosis (B)	Copaxone 20mg	glatopa
Osteoarthritis of the Knee	Euflexxa, Monovisc, Orthovisc, Synvisc/One	Gel-One, Hyalgan, Supartz
Pulmonary Arterial Hypertension (A)	Adcirca, Revatio	sildenafil
Pulmonary Arterial Hypertension (B)	Opsumit	Letairis, Tracleer

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.

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 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, 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)