

# 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 self-injected and usually require patient-specific dosing and careful clinical monitoring. They may also require special handling and refrigeration.

Some of our plans provide a different level of coverage for specialty drugs. And with some plans, you must use Caremark Specialty Pharmacy for your specialty drug prescriptions. On behalf of your health plan, Caremark Specialty Pharmacy dispenses specialty drugs. Caremark Specialty Pharmacy is an independent company that dispenses specialty drugs and provides other related services. Check your benefit information to learn how your plan covers specialty drugs. You can also view personal benefit information through our website.

Depending on your plan, you may need prior authorization (PA) for some specialty drugs. PAs promote the proper use of medications. If your doctor prescribes a specialty drug that needs a PA, you must get prior approval before your plan will pay for it. We base prior authorization guidelines on FDA and manufacturer guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design.

Prior authorization only affects the medication that your benefit plan covers. 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 Caremark Specialty Pharmacy, or if your prescription requires prior authorization (PA), the system will alert your pharmacist with the number you or your doctor should call. If you are not required to use Caremark and a PA is not required (or if you already have a PA), the system will tell your pharmacist the amount you must pay.

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

## What Medications Are Specialty Drugs?

See the list below. Look for an asterisk (\*) to find specialty drugs that need prior authorization, depending on your plan. A specialty drug may be a generic, preferred brand or non-preferred brand drug. When a specialty drug falls into multiple categories, we consider it a specialty drug as long as it remains on this list. If your plan requires you to use Caremark Specialty Pharmacy for your specialty drugs, you or your doctor must call Caremark at 866-513-5214. Even if you are not required to use Caremark for your specialty drugs, you can still do so by calling 866-513-5214.

## Specialty Drug List

Actemra <sup>®*</sup>	Egrifta <sup>™</sup>	Koate-DVI <sup>®</sup>	Procrit <sup>®*</sup>	Temodar <sup>®</sup>
Acthar HP <sup>®*</sup>	Elaprase <sup>®</sup>	Kogenate FS <sup>®</sup>	Profilnine SD <sup>®</sup>	Tev-Tropin <sup>™*</sup>
Actimmune NF <sup>®</sup>	Eligard <sup>™</sup>	Krystexxa <sup>™</sup>	Prolastin <sup>®</sup>	Thalomid <sup>®</sup>
Adcirca <sup>®*</sup>	Enbrel <sup>®*</sup>	Kuvan <sup>™</sup>	Prolia <sup>™*</sup>	Thyrogen <sup>®</sup>
Advate <sup>™</sup>	Epogen <sup>®*</sup>	Letairis <sup>™*</sup>	Promacta <sup>®</sup>	Tracleer <sup>®*</sup>
Afinitor <sup>®</sup>	Euflexxa <sup>™</sup>	Leukine <sup>®</sup>	Propex-T	Trelstar Depot <sup>™</sup>
Aldurazyme <sup>®</sup>	Exjade <sup>®</sup>	Lucentis <sup>™</sup>	Rebetol <sup>®*</sup>	Trelstar LA <sup>™</sup>
Alferon-N <sup>®</sup>	Extavia <sup>®</sup>	Lumizyme <sup>™</sup>	Rebif <sup>®*</sup>	Tykerb <sup>®</sup>
Alphanate <sup>®</sup>	Fabrazyme <sup>®</sup>	Lupron Depot - Ped <sup>®</sup>	Reclast <sup>®</sup>	Tysabri <sup>®*</sup>
Alphanine SD <sup>®</sup>	Feiba NF	Lupron Depot <sup>®</sup>	Recombinate	Tyvaso <sup>™*</sup>
Amevive <sup>®*</sup>	Feiba VH	Macugen <sup>®</sup>	Refacto <sup>®</sup>	Valstar <sup>™</sup>
Ampyra <sup>™*</sup>	Firmagon <sup>®</sup>	Makena <sup>™</sup>	Remicade <sup>®*</sup>	Vandetanib
Apligraf <sup>®</sup>	Flebogamma <sup>®</sup>	Monarc-M	Remodulin <sup>®*</sup>	Vantas <sup>™</sup>
Aralast <sup>™</sup>	Flolan <sup>®*</sup>	Monoclata-P <sup>®</sup>	Revatio <sup>™*</sup>	Veletri <sup>®*</sup>
Aranesp <sup>®*</sup>	Forteo <sup>®*</sup>	Mononine <sup>®</sup>	Revlimid <sup>®</sup>	Ventavis <sup>®*</sup>
Arcalyst <sup>®*</sup>	Fuzeon <sup>®*</sup>	Mozobil <sup>™</sup>	Rhophylac <sup>®</sup>	Viadur <sup>®</sup>
Arzerra <sup>™</sup>	GamaSTAN <sup>®</sup>	Myobloc <sup>®*</sup>	RiaSTAP <sup>™</sup>	Vidaza <sup>®</sup>
Avonex <sup>®*</sup>	Gammagard S/D	Myozyme <sup>®</sup>	Ribasphere <sup>®*</sup>	Visudyne <sup>®</sup>
Baygam <sup>®</sup>	Gamunex <sup>®</sup>	Naglazyme <sup>™</sup>	Ribavirin <sup>®*</sup>	Vivaglobin <sup>®</sup>
Bebulin VH <sup>®</sup>	Genotropin <sup>®*</sup>	Neulasta <sup>®*</sup>	Rituxan <sup>®*</sup>	Votrient <sup>™</sup>
Benefix <sup>®</sup>	Gilenya <sup>™</sup>	Neumega <sup>®*</sup>	Saizen <sup>®*</sup>	Vpriv <sup>™</sup>
Benlysta <sup>®</sup>	Glassia <sup>™</sup>	Neupogen <sup>®*</sup>	Sandostatin <sup>®</sup>	Wilate <sup>®</sup>
Berinert <sup>®*</sup>	Gleevec <sup>®</sup>	Nexavar <sup>®</sup>	Sandostatin LAR <sup>®</sup>	Winrho SDF <sup>®</sup>
Betaseron <sup>®*</sup>	Helixate FS <sup>®</sup>	Norditropin <sup>®*</sup>	Sensipar <sup>®</sup>	Xeloda <sup>®</sup>
Boniva Injectable	Hemofil-M <sup>®</sup>	Novantrone <sup>®*</sup>	Serostim <sup>®*</sup>	Xenazine
Botox <sup>™*</sup>	Herceptin <sup>®</sup>	Novoseven <sup>®</sup>	Simponi <sup>™*</sup>	Xeomin <sup>®*</sup>
Carbaglu <sup>®</sup>	Hizentra <sup>™</sup>	NPlate <sup>®</sup>	Soliris <sup>®</sup>	Xiaflex <sup>™</sup>
Carimune NF	Humate-P <sup>®</sup>	Nutropin AQ <sup>®*</sup>	Somatuline Depot <sup>®</sup>	Xolair <sup>®*</sup>
Ceprotrin <sup>™</sup>	Humatrope <sup>®*</sup>	Nutropin Depot <sup>®*</sup>	Somavert <sup>®</sup>	Xyntha <sup>®</sup>
Ceredase <sup>®</sup>	Humira <sup>®*</sup>	Nutropin <sup>®*</sup>	Sprycel <sup>™</sup>	Xyrem <sup>®</sup>
Cerezyme <sup>®</sup>	Hyalgan <sup>®</sup>	Octagam <sup>®</sup>	Stelara <sup>®*</sup>	Yervoy <sup>™</sup>
Cimzia <sup>®</sup>	Hycamtin <sup>®</sup>	Octreotide Acetate	Stimate <sup>®</sup>	Zavesca <sup>®</sup>
Cinryze <sup>®*</sup>	Ilaris <sup>®*</sup>	Oforta <sup>™</sup>	Supartz <sup>®</sup>	Zemaira <sup>®</sup>
Copaxone <sup>®*</sup>	Implanon <sup>™</sup>	Omnitrope	Supprelin LA <sup>®</sup>	Zoladex <sup>®</sup>
Copegus <sup>®*</sup>	Increlex <sup>™*</sup>	Orencia <sup>®*</sup>	Sutent <sup>®</sup>	Zolinza <sup>™</sup>
Corifact <sup>™</sup>	Infergen <sup>®*</sup>	Orfadin <sup>™</sup>	Sylatron <sup>™</sup>	Zometa <sup>®</sup>
Cystadane <sup>®</sup>	Intron -A <sup>®*</sup>	Orthovisc <sup>®</sup>	Synagis <sup>®*</sup>	Zorbtive <sup>™</sup>
Cystagon <sup>®</sup>	Iressa <sup>®</sup>	Panglobulin <sup>®</sup>	Synvisc One <sup>®</sup>	
Cytogam <sup>®</sup>	Istodax <sup>®</sup>	Pegasys <sup>®*</sup>	Synvisc <sup>®</sup>	
Dacogen <sup>™</sup>	Iveegam EN	PEG-Intron <sup>®*</sup>	Tarceva <sup>®</sup>	
Degarelix	Kalbitor <sup>®*</sup>	Polygam SD	Targretin <sup>®</sup>	
Dysport <sup>™*</sup>	Kineret <sup>®*</sup>	Privigen <sup>™</sup>	Tasigna <sup>®</sup>	

Your benefit document defines actual benefits available and may exclude coverage for certain drugs listed herein. Check your benefit information to verify coverage. Or, view personal benefit information through our website.

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