

Specialty Medication List

Specialty medications are generally used for complex or chronic conditions, such as treatment for multiple sclerosis or rheumatoid arthritis. Your copay will be 25 percent of the cost of the drug, but not less than a \$50 copayment and no more than \$100. There is a \$2,500 annual copayment maximum and then the plan pays 100 percent of your specialty medications. You can receive up to a 30-day supply of medication. Specialty medications require pre-authorization (PA) in advance of being dispensed. Your provider must fax a PA form to the Express Scripts PA unit at **1-800-357-9577** before prescribing these medications. You can either obtain your medication through a contracted retail pharmacy or you can receive up to a 30-day supply of medication through the Express Scripts Incorporated (ESI) specialty mail pharmacy, CuraScript. CuraScript provides a complete range of specialty medications, including those not available at retail pharmacies. CuraScript will ship a 30-day supply of medication directly to your home or physician's office. Drugs status may change periodically due to health plan decisions or actions by the Food and Drug Administration. Some specialty drugs may have different coverage requirements based on coverage through the medical plan benefit.

ENZYLE DEFICIENCIES MISCELLANEOUS DRUGS

ADAGEN
CINRYZE

OTHER ENDOCRINE DRUGS

ALDURAZYME
CEREDASE
CEREZYME
FABRAZYME
MYOZYME
NAGLAZYME

GROWTH DEFICIENCY GROWTH HORMONES AND RELATED DRUGS

GENOTROPIN
GEREF
GEREF DIAGNOSTIC
HUMATROPE
NORDITROPIN
NORDITROPIN
NORDIFLEX
NUTROPIN
NUTROPIN AQ
NUTROPIN DEPOT
SAIZEN
SEROSTIM
TEV-TROPIN
ZORBTIVE

INSULIN LIKE GROWTH FACTORS-1

INCRELEX
IPLEX

OTHER ENDOCRINE DRUGS

SOMAVERT

HEMOPHILIA HEMOSTATICS

ADVATE
ALPHANATE
ALPHANINE SD
BEBULIN VH IMMUNO
BENEFIX
FEIBA VH IMMUNO
GENARC
HELIXATE FS
HEMOPIL M
HUMATE-P
KOATE-DVI
KOGENATE FS
MONARC-M
MONOCLATE-P

HEMOPHILIA

MONONINE
NOVOSEVEN
PROFILNINE SD
PROPLEX T
RECOMBIMATE
REFACTO

IMMUNOLOGICALS AND VACCINES

AUTOPLEX T

HEPATITIS B IMMUNOLOGICALS AND VACCINES

BAYHEP B
HEPAGAM B
HYPERHEP S/D
NABI-HB

HEPATITIS C INTERFERONS

INFERGEN
PEGASYS
PEG-INTRON
PEG-INTRON REDIPEN

IMMUNE DEFICIENCY ANTIRETROVIRALS & PROTEASE INH

FUZEON
RETROVIR IV

IMMUNOLOGICALS AND VACCINES

BAYRHO-D
CARIMUNE
CARIMUNE NF
NANOFILTERED
CYTOGAM
FLEBOGAMMA
GAMASTAN S/D
GAMIMUNE N
GAMMAGARD LIQUID
GAMMAGARD S/D
GAMMAR-P I.V.
GAMUNEX
HYPERRAB S/D
HYPERRHO S/D
IMMUNE GLOBULIN
IMOGAM RABIES-HT
IVEEGAM EN
MICRHOGAM
OCTAGAM
PANGLOBULIN NF

POLYGAM S/D
PRIVIGEN (GEN FOR
GAMMAGARD LIQUID)
RHOGAM
RHOPHYLAC
VARICELLA-ZOSTER IMM
GLOBULIN
VENOGLOBULIN-S

VIVAGLOBIN
WINRHO SD
WINRHO SDF
INTERFERONS
ACTIMMUNE

INFLAMMATORY CONDITIONS ANTINEOPLASTIC/IMMUNO SUPPRESSANT DRUGS

ENBREL
HUMIRA
ORENCIA
REMICADE
SIMPONI

INTERLEUKIN RECPT ANTAGONIST KINERET

IRON TOXICITY
DIAGNOSTIC PRODUCTS
DEFEROXAMINE
MESYLATE
DESFERAL
DESFERAL MESYLATE

MISCELLANEOUS SPECIALTY CONDITIONS ANALGESICS

PRIALT
DIRECT MUSCLE
RELAXANTS
MYOBLOC

INJECTABLE
DERMATOLOGICALS
BOTOX COSMETIC
OTHER ANTIPARKINSON
DRUGS

APOKYN
OTHER CNS/AUTONOMIC
DRUGS
VIVITROL
XENAZINE

OTHER OPHTHALMIC DRUGS

BOTOX
THROMBOPOIETIC
AGENTS
NPLATE
PROMACTA

BLOOD CELL DEFICIENCY MOZOBIL

MULTIPLE SCLEROSIS ANTINEOPLASTIC/IMMUNO SUPPRESSANT DRUGS

TYSABRI
DRUGS TO TREAT
MULTIPLE SCLEROSIS
COPAXONE
INTERFERONS
AVONEX
AVONEX
ADMINISTRATION PACK

INTERFERONS (Cont.)
BETASERON
REBIF

OTHER ENDOCRINE DRUGS

ACTHAR H.P.

OPHTHALMIC CONDITIONS OTHER OPHTHALMIC DRUGS

HEALON
LUCENTIS
MACUGEN
PROVISC
VISUDYNE
VITRAVENE

OSTEOARTHRITIS OTHER DRUGS FOR ARTHRITIS

EUFLEXXA
HYALGAN
ORTHOVISC
SUPARTZ
SYNVISIC

OSTEOPOROSIS OTHER ENDOCRINE DRUGS

BONIVA
DIDRONEL
FORTEO

PSORIASIS

ANTINEOPLASTIC/IMMUNO
SUPPRESSANT DRUGS

AMEVIVE
RAPTIVA

PULMONARY

HYPERTENSION

OTHER VASODILATING
DRUGS

EPOPROSTENOL
SODIUM (GEN FOR
FLOLAN)
REMODULIN

**RESPIRATORY
CONDITIONS**

IMMUNOGLOBULIN

ANTIBODIES

XOLAIR

OTHER RESPIRATORY
DRUGS

ARALAST

PROLASTIN

PULMOZYME

ZEMAIRA

IMMUNOLOGICALS AND
VACCINES

ATGAM

THYMOGLOBULIN