

Service Benefit Plan Specialty Drug List

If you are a plan member or health care provider, please contact us toll-free at 1-888-346-3731 or visit the Pharmacy section on www.fepblue.org

With more than 30 years of specialty pharmacy experience, CVS Caremark Specialty Pharmacy provides proactive quality care and service. We have a network of pharmacies which includes those with Joint Commission and URAC accreditation. The Joint Commission and URAC are nationally-recognized symbols of quality which reflects an organization's commitment to meet high standards of quality and safety.

This is not an all-inclusive list and is subject to change. Changes may appear prior to their effective date. To determine the benefit tier of your medication, please contact the Specialty Pharmacy Program toll-free at 1-888-346-3731.

A	AUBAGIO ¹	CERUBIDINE	EGRIFTA	Floxuridine
ABRAXANE	AVASTIN ¹	CETROTIDE ¹	ELAPRASE ¹	FLUDARA
ACTEMRA ¹	AVONEX	CIMZIA ¹	ELIGARD ¹	Fludarabine
ACTHAR HP ¹	Azacitidine	CINRYZE ¹	ELITEK	Fluorouracil
ACTIMMUNE ¹	B	Cisplatin	ELLECE	
ADCETRIS ¹	BARACLUDE	Cladribine	ELOCTATE	FOLLISTIM/ ANTAGON ¹
ADCIRCA ¹	BCG VACCINE (TICE STRAIN)	CLOLAR	ELOXATIN	FOLOTYN
ADEMPAS ¹	BEBULIN	COPAXONE	ELSPAR	FORTEO
Adefovir Dipvoxil	BENEFIX	COPEGUS ¹	ENBREL ¹	FUDR
ADRIAMYCIN	BENLYSTA ¹	CORIFACT	Entecavir	FUSILEV
ADRUCIL	BERINERT ¹	CORTICOTROPIN ¹	ENTYVIO ¹	G
ADVATE	BETASERON	COSMEGEN	Epirubicin	GAMASTAN S/D ¹
AFINITOR	BETHKIS	Cyclophosphamide	EPOGEN ¹	GAMMAGARD ¹
ALDURAZYME ¹	BICNU	CYSTAGON	ERBITUX	GAMMAKED ¹
ALFERON N ¹	BIVIGAM ¹	Cytarabine	ERIVEDGE ¹	GAMMAPLEX ¹
ALIMTA	Bleomycin	CYTOGAM	ETHYOL	GAMUNEX-C ¹
ALKERAN	BOSULIF ¹	CYTOVENE	ETOPOPHOS	Ganciclovir
ALPHANATE	BOTOX ¹	D	Etoposide	Ganirelix ¹
ALPHANINE SD	BRAVELLE ¹	Dacarbazine	EUFLEXXA ¹	GATTEX ¹
ALPROLIX	BUPHENYL ¹	DACOGEN	EXJADE ¹	GAZYVA ¹
AMEVIVE	C	Dactinomycin	EXTAVIA	GEL-ONE ¹
Amifostine	CAMPTOSAR	Daunorubicin	EYLEA	Gemcitabine
AMPYRA ¹	Capecitabine	DAUNOXOME	F	GEMZAR
APOKYN	Carboplatin	Deferoxamine	FABRAZYME ¹	GENOTROPIN ¹
ARALAST NP	CARIMUNE NF ¹	DEPOCYT	FASLODEX	GILENYA ¹
ARANESP ¹	CEPROTIN ¹	DESFERAL	FEIBA	GLASSIA
ARCALYST ¹	CEREDASE	Desferal	FIRAZYR ¹	GLEEVEC
ARRANON	CEREZYME ¹	DYSPORT ¹	FIRMAGON	GONAL-F ¹
ARZERRA ¹		E	FLEBOGAMMA ¹	

¹ Prior Approval Required
Generics are bolded

Products distributed by CVS Caremark Specialty Pharmacy, as well as products covered by a plan member's prescription benefit plan, may change from time to time. In addition, a plan member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance on this document at any time.

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GRANIX ¹	KYNAMRO ¹	Novarel	RECOMBIMATE	TARCEVA
H	KYPROLIS ¹	NOVOSEVEN	REMICADE ¹	TARGRETIN
HALAVEN	L	NPLATE	REMODULIN ¹	TASIGNA
HELIXATE	LETAIRIS ¹	NULOJIX	REPRONEX ¹	TAXOTERE
HEMOFIL M	Leucovorin	NUTROPIN AQ ¹	REVATIO ¹	TECFIDERA ¹
HEPAGAM B	LEUKINE ¹	O	REVLIMID ¹	TEMODAR
HEPSERA	Leuprolide ¹	OCTAGAM ¹	RHOGAM PLUS	Temozolomide
HERCEPTIN ¹	LEUSTATIN	Octreotide	RHOPHYLAC	TEV-TROPIN ¹
HIZENTRA ¹	LIPODOX	OLYSIO ¹	RIASTAP	THALOMID
HUMATE-P	LUCENTIS	OMNITROPE ¹	Ribapak	THERACYS
HUMATROPE ¹	LUMIZYME ¹	ONCASPAR	Ribasphere	THIOTEPA
HUMIRA ¹	LUPANETA	ONTAK	Ribatab	THYROGEN
HYALGAN ¹	LUPRON DEPOT ¹	OPSUMIT ¹	Ribavirin	TIKOSYN
HYCANTIN	M	ORALAIR ¹	RITUXAN ¹	TOBI
HYPERHEP B S/D	MACUGEN	ORENCIA ¹	RIXUBIS	Tobramycin
HYPERRHO S/D	MAKENA	ORENITRAM ¹	RUCONEST	TOPOSAR
I	MEKINIST ¹	ORTHOVISC ¹	S	Topotecan
IDAMYCIN	Melphalan	OTEZLA ¹	SABRIL	TORISEL
Idarubicin	MENOPUR ¹	OTREXUP	SAIZEN ¹	TOTECT
IFEX	MESNA	OVIDREL ¹	SAMSCA	TRACLEER ¹
Ifosfamide	MESNEX	Oxaliplatin	SANDOSTATIN	TREANDA ¹
Ifosfamide-Mesna	Methotrexate	P	SENSIPAR	TRELSTAR
ILARIS ¹	MICRHOGAM	Paclitaxel	SEROSTIM ¹	TRETEN
IMPLANON	MIRENA	Pamidronate	Sildenafil	TRISENOX
INCIVEK ¹	Mitomycin	PEGASYS ¹	SIMPONI ¹	TYKERB ¹
INCRELEX ¹	Mitoxantrone	PEG-INTRON ¹	SKYLA	TYSABRI ¹
INFERGEN ¹	MONOCLATE-P	Pentostatin	Sodium Phenylbutyrate	TYVASO ¹
INLYTA ¹	MONONINE	PERJETA ¹	SOLESTA	TYZEKA
INTRON-A ¹	MONOVISC ¹	PHOTOFRIN	SOLIRIS ¹	U
Irinotecan	MOZOBIL	POMALYST ¹	SOMATULINE	UVADEX
ISTODAX	MUSTARGEN	Pregnyl	SOMAVERT	V
IXEMPRA	MYOBLOC ¹	PRIVIGEN ¹	SOVALDI ¹	VALSTAR
J	MYOZYME ¹	PROCRIT ¹	SPRYCEL	VANTAS
JAKAFI ¹	N	PROFILNINE	STELARA ¹	VARZIG ¹
JEVTANA ¹	Nabi-hb	PROLEUKIN	STIMATE	VECTIBIX
K	NAGLAZYME ¹	PROLIA	STIVARGA ¹	VELCADE ¹
KADCYLA ¹	NAVELBINE	PROMACTA ¹	SUPARTZ ¹	VELETRI ¹
KALBITOR ¹	NEOSAR	PULMOZYME ¹	SUPPRELIN LA	VENTAVIS ¹
KALYDECO ¹	NEULASTA ¹	Q	SUTENT	VICTRELIS ¹
KEPIVANCE ¹	NEUMEGA	QUADRAMET	SYLATRON ¹	VIDAZA
KINERET ¹	NEUPOGEN ¹	R	SYNAGIS ¹	VIMIZIM ¹
KOATE-DVI	NEXAVAR	RASUVO	SYNBRIO ¹	Vinblastine
KOGENATE FS	NEXPLANON	RAVICITI ¹	SYNVISC ¹	VINCASAR
KRYSTEXXA ¹	NIPENT	REBETOL ¹	T	Vinocristine
KUVAN ¹	NORDITROPIN ¹	REBIF	TAFINLAR ¹	Vinorelbine
	NORHERA	RECLAST		VISUDYNE

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VIVAGLOBIN ¹
VIVITROL
VOTRIENT
VPRIV ¹
W
WILATE
WINRHO SD/SDF
X
XALKORI ¹
XELJANZ ¹
XELODA
XENAZINE ¹
XEOMIN ¹
XGEVA
XIAFLEX ¹
XOLAIR ¹
XTANDI ¹
XYNTHA
Y
YERVOY ¹
Z
ZALTRAP
ZANOSAR
ZELBORAF ¹
ZEMAIRA
ZINECARD
ZOLADEX
Zoledronic Acid
ZOLINZA ¹
ZOMETA
ZORBTIVE ¹
ZORTRESS
ZYKADIA ¹
ZYTIGA ¹

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Limited Distribution Drug List

Due to manufacturer restrictions, a small number of specialty drugs used to treat rare or uncommon conditions may be available only through specific preferred retail pharmacies, and are referred to as Limited Distribution Drugs. The following list of current Limited Distribution Specialty drugs may be obtained through a specific preferred retail pharmacy with the Specialty Drug Pharmacy Program copayments* under Standard Option and Basic Option. Please contact CVS Caremark Specialty Pharmacy at toll-free 1-888-346-3731 for assistance with finding the appropriate pharmacy. Please read the Specialty Drug Pharmacy Program section of your Plan Benefit Brochure.

A	F	JUXTAPID	PROVENGE
ADAGEN	FERRIPROX	K	S
APLIGRAF	FLOLAN ¹	KORLYM ¹	SIGNIFOR
C	FLOLAN STERILE DILUENT	M	V
CAMPATH	G	MATULANE	VALCHOLOR
CAPRELSA	GILOTRIF	MARQIBO	ZAVESCA
CARBAGLU	H	MYALEPT ¹	VORAXAZE
CAYSTON	HETLIOZ ¹	O	ZYDELIG
COMETRIQ	I	OMONTYS	
CYSTADANE	ICLUSIG	ORFADIN	
CYSTARAN	IMBRUVICA	P	
E	IRESSA	PRIALT	
ELELYSO ¹	J	PROCYSBI ¹	
ERWINAZE	JETREA	PROLASTIN	

*Copay, copayment or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Limited Distribution Drugs (LDD) are medications the manufacturer chooses to limit the distribution of their medication to only a few pharmacies, or the U.S. Food and Drug Administration (FDA) may require this restriction during the drug approval process. This type of restricted distribution helps the manufacturer keep track of drug inventory, may have special dosing or lab monitoring requirements that need to be followed very closely and ensure that any risks that are associated with the LDD are minimized.

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