

## Specialty, Growth Hormone, and Infertility Drug List

Specialty medicines are usually prescribed by doctors who treat chronic and complex disease. These medications usually require a higher degree of management, have a high price and are not generally stocked at retail pharmacies. Professionally-administered drugs are typically billed on the medical benefit. Self-administered drugs are generally billed on the pharmacy benefit. Many specialty drugs require approval prior to use.

Coverage for Growth Hormone products is typically under a separate benefit for “Growth Deficiency Therapy”. Growth hormone products also require prior approval. **Not all benefit plans have coverage for Growth Hormone products.**

Coverage for Infertility products is typically under a separate benefit for “Prescription Drug Services – Drugs for Treatment of Infertility” benefit. **Not all benefit plans have coverage for Infertility drugs.**

To learn more about your Specialty medication, Growth Hormone product, and Infertility benefits see your Summary of Benefits and Coverage (SBC) or call the member services number on the back of your card.

**Please note this information also applies to HealthPartners UnityPoint Health members.**

### How to use this list

- Generic medicines are shown as lowercase italicized (e.g.; *ribavirin*)
- Brand medicines are shown as uppercase bold (e.g.; **REBETOL**)
- Cancer medicines are not subject to specialty medication copays – standard benefits apply.

### Most specialty medicines and growth hormone products can be filled at:

- CVS Caremark Specialty Pharmacy at 800-368-1624

### Medicines listed under Clotting Disorders can be filled at:

- Fairview Specialty Pharmacy : 612-676-4123
- Children’s Home Care Pharmacy: 612-813-7206 or 866-656-1020. Email: [htc@childrensmn.org](mailto:htc@childrensmn.org)

### Medicines listed under Cystic Fibrosis can **only** be filled at:

- Fairview Specialty Pharmacy: 612-672-5260 or 800-595-7140
- Children’s Outpatient Pharmacy – Minneapolis: 612-813-7290 or 866-997-0962
- Children’s Outpatient Pharmacy – St. Paul: 651-220-6963

### Infertility products can be filled at:

- Alliance Rx Walgreens Prime Pharmacy 800-424-9002 or by fax at 800-874-9179
- 24-Hour Walgreens – 2650 Hennepin Ave S., Minneapolis: 612-377-3308 or by fax 612-337-5670

Drug	Notes
<b>Alpha-1 Antitrypsin Deficiency</b>	
<b>Alpha-1 Antitrypsin Deficiency</b>	
ARALAST NP	
GLASSIA	
PROLASTIN-C	
ZEMAIRA	
<b>Anti-Infective</b>	
<b>Antibiotics, Other</b>	
<i>colistin (colistimethate na)</i>	
<b>Antiviral, Hepatitis C</b>	
COPEGUS	
DAKLINZA	
EPCLUSA	
HARVONI	
INTRON A INJECTION	
<i>ledipasvir-sofosbuvir</i>	
MAVYRET	
OLYSIO	
PEGASYS	
PEGASYS PROCLICK	
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	
REBETOL ORAL SOLUTION	
RIBASPHERE	
RIBASPHERE RIBAPAK	
<i>ribavirin inhalation</i>	
<i>ribavirin oral capsule</i>	
<i>ribavirin oral tablet 200 mg</i>	
SOVALDI	
TECHNIVIE	
VIEKIRA PAK	
VIEKIRA XR	
VIRAZOLE	
VOSEVI	
ZEPATIER	
<b>Antiviral, Hiv</b>	
FUZEON SUBCUTANEOUS RECON SOLN	

Drug	Notes
<b>Arthritis</b>	
<b>Arthritis, Other</b>	
CUPRIMINE	
DEPEN TITRATABS	
<b>Disease Modifying Agents</b>	
ACTEMRA SUBCUTANEOUS	
CIMZIA	
CIMZIA STARTER KIT	
ENBREL	
ENBREL SURECLICK	
HUMIRA	
HUMIRA PEN	
KEVZARA	
KINERET	
ORENCIA	
ORENCIA CLICKJECT	
OTEZLA	
OTEZLA STARTER	
SIMPONI	
XELJANZ	
XELJANZ XR	
<b>Behavioral Health</b>	
<b>Antipsychotic</b>	
NUPLAZID	
<b>Blood Modifier</b>	
<b>Blood Modifiers</b>	
ARANESP (IN POLYSORBATE)	
DOPTELET	
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	
GRANIX	
LEUKINE INJECTION RECON SOLN	
MIRCERA	
MULPLETA	
NEULASTA	
NEUPOGEN	
NIVESTYM	

Drug	Notes
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	
PROMACTA	
RETACRIT	
ZARXIO	
<b>Clotting Disorders</b>	
ADVATE	
ADYNOVATE	
AFSTYLA	
ALPHANATE	
ALPHANINE SD	
ALPROLIX	
BEBULIN	
BENEFIX	
COAGADEX	
CORIFACT	
ELOCTATE	
FEIBA NF	
HELIXATE FS	
HEMLIBRA	
HEMOFIL M HIGH	
HEMOFIL M LOW	
HEMOFIL M MID	
HEMOFIL M SUPER HIGH	
HUMATE-P	
IDELVION	
IXINITY	
JIVI	
KOATE-DVI INTRAVENOUS RECON SOLN	
KOGENATE FS	
KOVALTRY	
MONOCLATE-P	
NOVOEIGHT	
NOVOSEVEN RT	
NUWIQ	
OBIZUR	
PLASMANATE	
PROFILNINE	
REBINYN	

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Drug	Notes
RECOMBINATE	
RIXUBIS	
THROMBATE III	
TRETTEN	
VONVENDI	
WILATE	
XYNTHA	
XYNTHA SOLOFUSE	
<b>Blood Thinner</b>	
<b>Platelet Inhibitors</b>	
TAVALISSE	
<b>Bone Health</b>	
<b>Osteoporosis</b>	
FORTEO	
NATPARA	
TYMLOS	
<b>Cancer</b>	
<b>Cancer, Alkylating Agents</b>	
HEXALEN	
MATULANE	
TEMODAR ORAL	
<i>temozolomide</i>	
VALCHLOR	
<b>Cancer, Antiandrogens</b>	
ERLEADA	
XTANDI	
YONSA	
ZYTIGA	
<b>Cancer, Antimetabolites</b>	
<i>capecitabine</i>	
LONSURF	
XELODA	
<b>Cancer, Hdac Inhibitors</b>	
FARYDAK	
ZOLINZA	
<b>Cancer, Immunosuppressives</b>	
AFINITOR	
AFINITOR DISPERZ	

Drug	Notes
POMALYST	
REVLIMID	
THALOMID	
<b>Cancer, Interferons</b>	
SYLATRON	
<b>Cancer, Monoclonal Antibodies</b>	
TAGRISO	
<b>Cancer, Natural And Semi-Synthetic</b>	
HYCAMTIN	
SYNRIBO	
<b>Cancer, Other Agents</b>	
LYNPARZA	
LYSODREN	
ODOMZO	
RUBRACA	
<i>sodium iodide-123</i>	
TALZENNA	
ZEJULA	
<b>Cancer, Retinoids</b>	
<i>bexarotene</i>	
TARGRETIN	
<i>tretinoin (chemotherapy)</i>	
<b>Cancer, Signal Transduction Inhibitors</b>	
ALECENSA	
ALUNBRIG	
BOSULIF	
BRAFTOVI	
CABOMETYX	
CALQUENCE	
CAPRELSA	
COMETRIQ	
COPIKTRA	
COTELLIC	
ERIVEDGE	
GILOTRIF	
GLEEVEC	
IBRANCE	
ICLUSIG	

Drug	Notes
IDHIFA	
<i>imatinib</i>	
IMBRUVICA	
INLYTA	
IRESSA	
JAKAFI	
KISQALI	
KISQALI FEMARA CO-PACK	
LENVIMA	
LORBRENA	
MEKINIST	
MEKTOVI	
NERLYNX	
NEXAVAR	
NINLARO	
OLUMIANT	
RYDAPT	
SPRYCEL	
STIVARGA	
SUTENT	
TAFINLAR	
TARCEVA	
TASIGNA	
TIBSOVO	
TYKERB	
VENCLEXTA	
VENCLEXTA STARTING PACK	
VERZENIO	
VIZIMPRO	
VOTRIENT	
XALKORI	
ZELBORAF	
ZYDELIG	
ZYKADIA	
<b>Corticosteroids</b>	
<b>Corticosteroids, Oral</b>	
EMFLAZA	

Drug	Notes
<b>Cystic Fibrosis</b>	
<b>Cystic Fibrosis</b>	
ARIKAYCE	
BETHKIS	
CAYSTON	
KALYDECO	
KITABIS PAK	
ORKAMBI	
PULMOZYME	
SYMDEKO	
TOBI	
TOBI PODHALER	
<i>tobramycin in 0.225 % nacl</i>	
<i>tobramycin with nebulizer</i>	
<b>Enzyme Replacement</b>	
<b>Enzyme Replacement</b>	
CERDELGA	
GALAFOLD	
<i>miglustat</i>	
STRENSIQ	
SUCRAID	
ZAVESCA	
<b>Eye Conditions</b>	
<b>Eye Conditions, Other</b>	
CYSTARAN	
<b>Growth Hormone</b>	
<b>Growth Hormone</b>	
GENOTROPIN	Not Covered
GENOTROPIN MINIQUICK	Not Covered
HUMATROPE	Not Covered
INCRELEX	Not Covered
NORDITROPIN FLEXPRO	Covered
NUTROPIN AQ NUSPIN	Not Covered
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML)	Not Covered
OMNITROPE	Not Covered
SAIZEN	Not Covered
SAIZEN CLICK.EASY	Not Covered
SAIZEN SAIZENPREP	Not Covered

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Drug	Notes
<b>Heart Health</b>	
Blood Pressure, Other	
NORTHERA	
Cholesterol Lowering, Other	
JUXTAPID	
KYNAMRO	
PRALUENT PEN	
REPATHA PUSHTRONEX	
REPATHA SURECLICK	
REPATHA SYRINGE	
<b>Hereditary Angioedema</b>	
Hereditary Angioedema	
BERINERT	
CINRYZE	
FIRAZYR	
HAEGARDA	
KALBITOR	
RUCONEST	
TAKHZYRO	
<b>Idiopathic Pulmonary Fibrosis</b>	
Idiopathic Pulmonary Fibrosis	
ESBRIET	
OFEV	
<b>Immune Deficiency</b>	
Immune Deficiency	
BIVIGAM	
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	
CUVITRU	
FLEBOGAMMA DIF	
GAMASTAN S/D	
GAMMAGARD LIQUID	
GAMMAGARD S-D (IGA < 1 MCG/ML)	
GAMMAKED	
GAMMAPLEX	
GAMMAPLEX (WITH SORBITOL)	
GAMUNEX-C	
HIZENTRA	

Drug	Notes
HYQVIA	
HYQVIA HY COMPONENT	
HYQVIA IG COMPONENT	
OCTAGAM	
PANZYGA	
PRIVIGEN	
<b>Immune Suppressant</b>	
Immune Suppressant	
BENLYSTA SUBCUTANEOUS	
<b>Infertility</b>	
Infertility	
BRAVELLE	Not Covered
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Covered
<i>chor gonadotropin, hum (bulk) powder 1 million unit, 2 million unit, 5 million unit</i>	Not Covered
<i>chorionic gonadotropin, human</i>	Covered
<i>clomiphene citrate</i>	Covered
CRINONE VAGINAL GEL 8 %	Not Covered
ENDOMETRIN	Not Covered
FOLLISTIM AQ INJECTION SOLUTION 75 UNIT/0.5 ML	Covered
FOLLISTIM AQ SUBCUTANEOUS	Covered
<i>ganirelix</i>	Covered
GONAL-F	Not Covered
GONAL-F RFF	Not Covered
GONAL-F RFF REDI-JECT	Not Covered
<i>leuprolide subcutaneous kit</i>	Covered
MENOPUR	Covered
NOVAREL	Covered
OVIDREL	Covered
PREGNYL	Covered
<b>Kidney Failure</b>	
Kidney Failure	
JYNARQUE	
<b>Migraine</b>	
Migraine, Preventives	
AIMOVIG AUTOINJECTOR	
AIMOVIG AUTOINJECTOR (2 PACK)	
AJOVY	

Drug	Notes
EMGALITY	
<b>Multiple Sclerosis</b>	
<b>Multiple Sclerosis, Injection</b>	
AVONEX (WITH ALBUMIN)	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	
AVONEX INTRAMUSCULAR SYRINGE KIT	
BETASERON SUBCUTANEOUS KIT	
COPAXONE SUBCUTANEOUS SYRINGE	
EXTAVIA SUBCUTANEOUS KIT	
<i>glatiramer</i>	
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	
PLEGRIDY	
REBIF (WITH ALBUMIN)	
REBIF REBIDOSE	
REBIF TITRATION PACK	
ZINBRYTA	
<b>Multiple Sclerosis, Oral</b>	
AMPYRA	
AUBAGIO	
<i>dalfampridine</i>	
GILENYA	
TECFIDERA	
<b>Other Conditions</b>	
<b>Other Agents</b>	
ACTHAR H.P.	
ACTIMMUNE	
ALFERON N	
ARCALYST	
AUSTEDO	
BUPHENYL	
EGRIFTA	
EXJADE	
FERRIPROX	
HETLIOZ	
<i>hydroxyprogesterone (pf)(preg preserv)</i>	
ILARIS (PF) SUBCUTANEOUS SOLUTION	
INGREZZA	
JADENU	

Drug	Notes
JADENU SPRINKLE	
KEVEYIS	
KORLYM	
KUVAN	
MACRILEN	
MAKENA	
MYALEPT	
NITYR	
<i>octreotide acetate</i>	
ORFADIN	
PALYNZIQ	
PROCYSBI	
RAVICTI	
SAMSCA	
SANDOSTATIN	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	
SIGNIFOR	
SIGNIFOR LAR	
<i>sodium phenylbutyrate</i>	
SOMATULINE DEPOT	
SOMAVERT	
SYPRINE	
<i>tetrabenazine</i>	
THIOLA	
<i>trientine</i>	
VISTOGARD	
XENAZINE	
XURIDEN	
ZORBTIVE	
<b>Parkinson's</b>	
<b>Parkinson's</b>	
APOKYN	
<b>Pulmonary Hypertension</b>	
<b>Pulmonary Hypertension</b>	
ADCIRCA	
ADEMPAS	

Drug	Notes
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i>	
<b>FLOLAN INTRAVENOUS RECON SOLN 1.5 MG</b>	
<b>LETAIRIS</b>	
<b>OPSUMIT</b>	
<b>ORENITRAM</b>	
<b>REMODULIN</b>	
<b>REVATIO ORAL</b>	
<i>tadalafil (antihypertensive)</i>	
<b>TRACLEER</b>	
<b>TYVASO</b>	
<b>TYVASO REFILL KIT</b>	
<b>TYVASO STARTER KIT</b>	
<b>UPTRAVI</b>	
<b>VELETRI</b>	
<b>VENTAVIS</b>	
<b>Seizures / Epilepsy</b>	
<b>Seizures / Epilepsy</b>	
<b>EPIDIOLEX</b>	
<b>SABRIL</b>	
<i>vigabatrin</i>	
<b>Skin Conditions</b>	
<b>Psoriasis, Other</b>	
<b>COSENTYX</b>	
<b>COSENTYX PEN</b>	
<b>ENBREL</b>	
<b>ENBREL MINI</b>	
<b>ENBREL SURECLICK</b>	
<b>HUMIRA</b>	
<b>HUMIRA PEN</b>	
<b>HUMIRA(CF) PEN PSOR-UV-ADOL HS</b>	
<b>SILIQ</b>	
<b>STELARA INTRAVENOUS</b>	
<b>STELARA SUBCUTANEOUS SYRINGE</b>	
<b>TALTZ AUTOINJECTOR</b>	
<b>TALTZ AUTOINJECTOR (2 PACK)</b>	
<b>TALTZ AUTOINJECTOR (3 PACK)</b>	
<b>TALTZ SYRINGE (2 PACK)</b>	
<b>TALTZ SYRINGE (3 PACK)</b>	

Drug	Notes
TREMIFYA	
<b>Skin Conditions, Other</b>	
DUPIXENT	
<b>Sleep Disorders</b>	
<b>Narcolepsy / Excessive Sleepiness</b>	
XYREM	
<b>Stomach / Gastrointestinal</b>	
<b>Crohn's Disease / Ulcerative Colitis</b>	
CIMZIA	
CIMZIA STARTER KIT	
HUMIRA	
HUMIRA PEN	
HUMIRA(CF)	
HUMIRA(CF) PEDI CROHNS STARTER	
HUMIRA(CF) PEN	
HUMIRA(CF) PEN CROHNS-UC-HS	
SIMPONI	
<b>Stomach / Gastrointestinal, Other</b>	
CARBAGLU	
CHOLBAM	
ENDARI	
GATTEX ONE-VIAL	
OCALIVA	
XERMELO	

