

**PEEHIP 2009
Specialty Drug List**



The following is a list of specialty drugs covered by the PEEHIP prescription plan. This list is subject to change and does not guarantee coverage. You may obtain the first fill of a specialty drug at either CuraScript Pharmacy or your local pharmacy. However, subsequent refills **must be** filled exclusively through CuraScript Pharmacy. Specialty prescriptions will be limited to a 30 day supply per fill. **The phone number for CuraScript Pharmacy is 866-848-9870 and the fax number is 888-773-7386.**

KEY:

Generics are listed in bold lower case

FORMULARY (PREFERRED) BRANDS appear in bold upper case

NONFORMULARY (NONPREFERRED) BRANDS appear in upper case

* PRIOR AUTHORIZATION REQUIRED

**BENEFITS FOR MEDICATIONS FOR INFERTILITY TREATMENT ARE PROVIDED WITH A 50% COPAYMENT UP TO A LIFETIME MAXIMUM PAYMENT OF \$2,500.

Copays are \$5 for generics, \$30 for formulary (preferred) drugs, and \$50 for nonformulary (nonpreferred) drugs.

8-MOP	GAMASTAN	NEXAVAR	SANDOSTATIN LAR
ARIXTRA	GANIRELIX ACETATE**	NORDITROPIN NORDIFLEX	SEROSTIM*
ACTHAR H.P.	GENOTROPIN MINIQUICK*	NORDITROPIN*	SIMPONI
ADCIRCA	GENOTROPIN*	novarel**	SOLIRIS
AFINITOR	GEREF DIAGNOSTIC*	NPLATE	SOMATULINE DEPOT
ALFERON N	GLEEVEC*	NUTROPIN AQ*	SOMAVERT
AMEVIVE	GONAL-F**	NUTROPIN*	SPRYCEL
APOKYN	GONAL-F RFF**	octreotide acetate	SUCRAID
ARANESP*	HUMATROPE*	OMNITROPE*	supartz
ARCALYST	HUMIRA*	ORTHOVISC	SUPPLRELIN LA
AVONEX	HYALGAN	ONSOLIS	SUTENT
BETASERON	HYCAMTIN	OIDREL**	SYNVISC
bleomycin sulfate	ILARIS	PANRETIN	TARCEVA
BRAVELLE**	immune globulin	PEGASYS	TEMODAR
CELLCEPT	INCRELEX*	PEG-INTRON	TEV-TROPIN*
CETROTIDE**	INFERGEN	PEG-INTRON REDIPEN	THALOMID
chorionic gonadotropin**	INNOHEP	PLENAXIS	THERACYS
CIMZIA*	INTRON A	PREGNYL**	THIOTEPA
COPAXONE	IRESSA	PRIALT	THYROGEN
COPEGUS	KINERET*	PROCRT*	TOBI
cyclosporine	KUVAN	progesterone**	TRACLEER*
cytarabine	LETAIRIS*	progesterone in oil**	TRELSTAR DEPOT
DDVAP	leucovorin calcium	PROGRAF	TRELSTAR LA
deferoxamine mesylate	LEUKINE	PROMACTA	TYKERB
DEGARELIX	leuprolide acetate	PROVISC	TYVASO
DEPOCYT	LOVENOX	PULMOZYME	VANTAS
desmopressin acetate	LUPRON	RAPTIVA*	VENTAVIS
ELIGARD	LUPRON DEPOT	REBIF	VISUDYNE
ELSPAR	LUPRON DEPOT-PED	REMODULIN	VIVAGLOBIN
ENBREL*	LUVERIS**	REPRONEX**	VIVITROL
EPOGEN*	MACUGEN	REVATIO	XELODA
EUFLEXXA	MENOPUR**	REVLIMID	XENAZINE
EXJADE	methotrexate	ribasphere	XYREM
EXTAVIA	methotrexate sodium	ribavirin	ZAVESCA
floxuridine	MOZOBIL	RILUTEK	ZOLADEX
FOLLISTIM AQ**	MUSTARGEN	ROFERON-A	ZOLINZA
FORTEO*	NEULASTA	SABRIL	ZORBTIVE*
FRAGMIN	NEUMEGA	SAIZEN*	
FUZEON	NEUPOGEN	SANDIMMUNE	