

**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.

ANTICOAGULANTS

ARIXTRA
FRAGMIN
INNOHEP
LOVENOX

BLOOD CELL DEFICIENCY

ARANESP*
EPOGEN*
LEUKINE
MOZOBIL
NEULASTA
NEUMEGA
NEUPOGEN
PROCRIT*
PROMACTA

CANCER

AFINITOR
ALFERON N
bleomycin sulfate
cytarabine
DEGARELIX
DEPOCYT
ELIGARD
ELSPAR
floxuridine
GLEEVEC*
HYCAMTIN
INTRON A
IRESSA
leucovorin calcium
leuprolide acetate
LUPRON
LUPRON DEPOT
LUPRON DEPOT-PED
methotrexate
methotrexate sodium
MUSTARGEN
NEXAVAR
PLENAXIS
REVLIMID
ROFERON-A
SPRYCEL
SUTENT

TARCEVA
TEMODAR
THALOMID
THERACYS
THIOTEPA
THYROGEN
TRELSTAR DEPOT
TRELSTAR LA
TYKERB
VANTAS
XELODA
ZOLADEX
ZOLINZA

ENDOCRINE DISORDERS

DDVAP
desmopressin acetate
KUVAN
octreotide acetate
SANDOSTATIN LAR
SOMATULINE DEPOT
SOMAVERT

ENZYME DEFICIENCIES

SUCRAID
ZAVESCA

GROWTH DEFICIENCY

GENOTROPIN*
GENOTROPIN MINIQUICK*
GEREF DIAGNOSTIC*
HUMATROPE*
INCRELEX*
NORDITROPIN*
NORDITROPIN NORDIFLEX*
NUTROPIN*
NUTROPIN AQ*
OMNITROPE*
SAIZEN*
SEROSTIM*
TEV-TROPIN*
ZORBTIVE*

HEPATITIS C

COPEGUS
INFERGEN
PEGASYS
PEG-INTRON
PEG-INTRON REDIPEN
ribasphere

ribavirin

IMMUNE DEFICIENCY

FUZEON
GAMASTAN
immune globulin
VIVAGLOBIN

INFERTILITY

BRAVELLE**
CETROTIDE**
chorionic gonadotropin**
FOLLISTIM AQ**
GANIRELIX ACETATE **
GONAL-F**
GONAL-F RFF**
LUVERIS**
MENOPUR**
novarel**
OVIDREL**
PREGNYL**
progesterone**
progesterone in oil**
REPRONEX**

INFLAMMATORY CONDITIONS

AMEVIVE
CIMZIA*
ENBREL*
HUMIRA*
KINERET*
RAPTIVA*
SIMPONI

IRON TOXICITY

deferoxamine mesylate
EXJADE

**MISCELLANEOUS
SPECIALTY CONDITIONS**

8-MOP
ARCALYST
APOKYN
NPLATE
ONSOLIS
PANRETIN
PRIALT
RILUTEK
SABRIL
SOLIRIS

SUPLRELIN LA
VIVITROL
XENAZINE
XYREM

MULTIPLE SCLEROSIS

ACTHAR H.P.
AVONEX
BETASERON
COPAXONE
EXTAVIA
ILARIS
REBIF

OPHTHALMIC CONDITIONS

MACUGEN
PROVISC
VISUDYNE

OSTEOARTHRITIS

EUFLEXXA
HYALGAN
ORTHOVISC
supartz
SYNVISC

OSTEOPOROSIS

FORTEO*

PULMONARY HYPERTENSION

ADCIRCA
LETAIRIS*
REMODULIN
REVATIO
TRACLEER*
TYVASO
VENTAVIS

RESPIRATORY CONDITIONS

PULMOZYME
TOBI

TRANSPLANT

CELLCEPT
cyclosporine
PROGRAF
SANDIMMUNE