

Specialty drugs are those that may have the following characteristics: expensive, limited access, complicated treatment regimens, compliance issues, special storage requirements and/or manufacturer reporting requirements. Many medications listed below are biotech medications. Biotech products are manufactured using DNA recombinant technology (genetic replication) as opposed to chemical processes.

Listed below are drugs managed in the Catalyst Rx Specialty Drug Management Program. Most of these drugs are available through our preferred specialty vendor, Walgreens Specialty Pharmacy. Limited distribution drugs are only available through select specialty providers as determined by the drug manufacturer. Access to limited distribution drugs is available through other specialty providers in the Catalyst Rx Specialty Drug Management Program.

*\* Asterisk denotes products that can be administered in a physician's office and should not be restricted to pharmacy benefit coverage, i.e., blocked from medical billing.*

## DRUGS AVAILABLE THROUGH THE SPECIALTY DRUG MANAGEMENT PROGRAM

<b>Arthritis</b> ENBREL EUFLEXXA* HUMIRA HYALGAN* KINERET ORTHOVISC* REMICADE* SIMPONI SUPARTZ* SYNISC*	<b>Hematologics</b> ARANESP ARIXTRA EPOGEN FRAGMIN INNOHEP LOVENOX NPLATE PROCRIT <b>Hemophilia</b> ADVATE* ALPHANATE* ALPHANINE SD* AUTOPLEX T* BEBULIN VH* BENEFIX* FEIBA VH IMMUNO* GENARC* HELIXATE FS* HEMOPIL-M* HUMATE-P* HYATE C* KOATE-DVI* KOGENATE FS* MONARC-M* MONOCLATE-P* MONONINE* NOVOSEVEN/ RT* PROFILNINE SD* PROPLEX T* RECOMBINATE* REFACTO* THROMBATE III* XYNTHA* <b>Hepatitis B</b> BARACLUDE BAYGAM* HEPSERA INTRON A PEGASYS TYZEKA	<b>Hepatitis C</b> ALFERON N* COPEGUS INFERGEN INTRON A PEGASYS PEG-INTRON REBETOL ribasphere (generic) ribavirin (generic) ROFERON-A <b>HIV/AIDS</b> FUZEON <b>Immune Deficiency</b> BAYGAM* BAYRHO-D* CARIMUNE NF* FLEBOGAMMA/ DIF* GAMMAGARD S/D* GAMMAR-P I.V. * GAMASTAN S/D* GAMUNEX* HYPERRHO S/D MICRHOGAM* OCTAGAM* PANGLOBULIN* PRIVIGEN* POLYGAM S/D* RHOGAM* RHOPHYLAC* VENOGLOBULIN-S*	<b>Infertility (cont.)</b> LUVERIS MENOPUR NOVAREL OVIDREL PREGNYL REPRONEX <b>Multiple Sclerosis</b> AVONEX BETASERON COPAXONE EXTAVIA mitoxantrone* (generic) NOVANTRONE* REBIF <b>Oncology (Oral)</b> AFINITOR GLEEVEC SPRYCEL SUTENT TARCEVA TARGRETIN TASIGNA TEMODAR THALOMID VOTRIENT XELODA ZOLINZA <b>Oncology and Related</b> ELIGARD FIRMAGON LEUKINE* leuprolide acetate* (generic) LUPRON* LUPRON DEPOT* LUPRON DEPOT PED* MOZOBIL NEULASTA NEUMEGA	<b>Oncology and Related (cont.)</b> NEUPOGEN NOVANTRONE* OCTREOTIDE ondansetron (generic) PROLEUKIN* SANDOSTATIN SANDOSTATIN LAR* SYNAREL THYROGEN* TRELSTAR LA/ DEPOT* TREANDA* VIADUR* ZOLADEX* ZOMETA* <b>Osteoporosis</b> BONIVA I.V.* FORTEO RECLAST* <b>Psoriasis</b> AMEVIVE* ENBREL REMICADE* <b>Pulmonary Cystic Fibrosis</b> PULMOZYME TOBI <b>Ulcerative Colitis</b> REMICADE* <b>Miscellaneous</b> ACTIMMUNE BOTOX colistimethate (generic)* COLY-MYCIN M* MYOBLOC SOLIRIS* SUPPRELIN LA*
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## LIMITED DISTRIBUTION DRUGS ( ) A representative specialty provider is noted in parenthesis for the respective drug. Additional specialty providers may be available.

<b>Asthma</b> XOLAIR (Medmark/Walgreens)	<b>Enzyme Replacement</b> ELAPRASE* (Accredo) NAGLAZYME* (Accredo)	<b>Immune Globin</b> VIVAGLOBIN (Medmark/Walgreens)	<b>Oncology</b> DACOGEN (Medmark/Walgreens) IRESSA (Iressa Access Program) NEXAVAR (Medmark/Walgreens) REVLIMID (Medmark/Walgreens) TYKERB (Medmark/Walgreens) VANTAS* (Priority Healthcare)	<b>Rheumatoid Arthritis</b> ORENCIA* (Medmark/Walgreens)
<b>Cardiovascular</b> FLOLAN* (Accredo) LETAIRIS (Medmark/Walgreens) PROMACTA (Medmark/Walgreens) REMODOULIN (Accredo) TRACLEER (Accredo) TYVASO (Accredo/Caremark) VENTAVIS (Accredo)	<b>Gaucher's Disease</b> ZAVESCA (Medmark/Walgreens)	<b>Macular Degeneration</b> LUCENTIS* (Walgreens/Besse Medical) MACUGEN* (Walgreens/Besse Medical) VISUDYNE* (Walgreens/Besse Medical)	<b>Parkinson's Disease</b> APOKYN (Accredo)	<b>RSV</b> SYNAGIS* (Medmark/Walgreens)
<b>Crohn's Disease</b> CIMZIA* (Medmark/Walgreens)	<b>Growth Hormone</b> INCRELEX (Curascript/Walgreens) SOMAVERT (Express Scripts) ZORBITIVE (Medmark/Walgreens)	<b>Multiple Sclerosis</b> ACTHAR HP (Medmark/Walgreens) TYSABRI* (Medmark/Walgreens)	<b>Renal Disease</b> CYSTAGON (PharmaCare)	<b>Trypsin Deficiency</b> ARALAST* (Accredo) PROLASTIN* (Express Scripts) ZEMAIRA* (Accredo)
	<b>Huntington's Disease</b> XENAZINE (Accredo)	<b>Narcolepsy</b> XYREM (Express Scripts)		<b>Miscellaneous</b> ARCALYST (Accredo) KUVAN (Biomarin Program)

Specialty medications may require prior authorization to ensure appropriate usage. Coverage for these medications may vary with respect to benefit design.

This list is subject to change without notice to accommodate the introduction, removal and availability of new drugs and clinical information.