

Specialty drugs are used to treat serious or chronic medical conditions such as multiple sclerosis, hemophilia, hepatitis and rheumatoid arthritis. They're typically injectable and can be self-administered by a patient or family member. For questions about the program, please call the customer service number on the back of your member ID card.

The specialty drug benefit program offers you these choices in professional specialty drug suppliers:

[Triessent](#)

1-888-216-6710
1-866-203-6010 fax

[Fairview Specialty Pharmacy, LLC*](#)

1-800-595-7140
(612) 672-5262 fax

*Fairview can only fill prescriptions for Hemophilia, Growth Hormone, Infertility, and Oral Chemotherapy medication.

Drug Name	FlexRx Formulary (Preferred)	GenRx Formulary (Preferred)	Prior Authorization Required
AUTOIMMUNE INFLAMMATORY DISORDERS			
- Step Therapy may apply for members with the GenRx formulary for drugs listed under this drug category, Autoimmune Inflammatory Disorders.			
ACTEMRA	NO	NO	NO
AMEVIVE	NO	NO	NO
ARCALYST*	NO	NO	NO
CIMZIA	NO	NO	NO
ENBREL	NO	NO	NO
HUMIRA	YES	YES	NO
KINERET	NO	NO	NO
ORENCIA	NO	NO	NO
SIMPONI	NO	NO	NO
STELARA	NO	NO	NO
BLOOD MODIFIERS			
ARANESP	YES	NO	NO
EPOGEN	NO	NO	NO
LEUKINE	NO	NO	NO
NEULASTA	YES	NO	NO
NEUMEGA	YES	NO	NO
NEUPOGEN	YES	YES	NO
PROCRIT	YES	YES	NO
PROMACTA	NO	NO	YES
CYSTIC FIBROSIS			
CAYSTON	NO	NO	NO
PULMOZYME	YES	YES	NO
TOBI	YES	YES	NO
ENZYME DISORDERS			
ALDURAZYME	YES	NO	NO
CARBAGLU	NO	NO	NO
CEREDASE	YES	NO	NO
CEREZYME	YES	NO	NO
ELAPRASE*	NO	NO	NO
FABRAZYME	YES	NO	NO
KUVAN*	NO	NO	NO
LUMIZYME	NO	NO	NO
MYOZYME	NO	NO	NO
NAGLAZYME	YES	NO	NO
VPRIV	NO	NO	NO
ZAVESCA*	NO	NO	NO

* Designates products that have limited distribution channels

Generic drugs are shown in lowercase type. Brand name drugs are shown in capital letters. Coverage of prescription drugs included on the specialty drug listing is in accordance to your benefit plan's design and may be subject to Minnesota state coverage mandates. This list is subject to change without notice – updated as of 07/01/11

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GROWTH HORMONE			
- Step Therapy may apply for members with the FlexRx or GenRx formulary for drugs listed under this drug category, Growth Hormone.			
GENOTROPIN	NO	NO	YES
HUMATROPE	NO	NO	YES
INCRELEX	YES	YES	YES
NORDITROPIN	NO	NO	YES
NUTROPIN	NO	NO	YES
NUTROPIN AQ	NO	NO	YES
OMNITROPE	YES	YES	YES
SAIZEN	NO	NO	YES
SEROSTIM	NO	NO	YES
TEV-TROPIN	NO	NO	YES
ZORBTIVE	NO	NO	YES
HEMOPHILIA			
ADVATE	YES	YES	NO
ALPHANATE	YES	YES	NO
ALPHANINE SD	YES	YES	NO
BEBULIN VH	YES	YES	NO
BENEFIX	YES	YES	NO
FEIBA VH	YES	YES	NO
HELIXATE FS	YES	YES	NO
HEMOFIL M	YES	YES	NO
HUMATE-P	YES	YES	NO
KOATE-DVI	YES	YES	NO
KOGENATE FS	YES	YES	NO
MONOCLATE-P	YES	YES	NO
MONONINE	YES	YES	NO
NOVOSEVEN	YES	YES	NO
PROFILNINE SD	YES	YES	NO
RECOMBINATE	YES	YES	NO
REFACTO	YES	YES	NO
THROMBATE III	YES	NO	NO
WILATE	YES	YES	NO
XYNTHA	YES	YES	NO
HEPATITIS			
ALFERON N	NO	NO	NO
COPEGUS	NO	NO	NO
INFERGEN	NO	NO	NO
INTRON-A	YES	YES	NO
PEGASYS	YES	NO	NO
PEG-INTRON	YES	NO	NO

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REBETOL	NO	NO	NO
RIBAPAK	NO	NO	NO
RIBASPHERE	YES	brand (NO), generic (YES)	NO
RIBATAB	NO	NO	NO
ribavirin	YES	YES	NO
ROFERON-A	YES	YES	NO

HIV & IMMUNOSUPPRESSANTS

FUZEON	YES	YES	NO
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INFERTILITY

****Groups with a lifetime infertility dollar maximum do not require a prior authorization for infertility drugs, unless your group contract states otherwise.**

BRAVELLE	NO	NO	YES **
CETROTIDE	YES	NO	YES **
chorionic gonadotropin	YES	YES	NO
FOLLISTIM AQ	YES	YES	YES **
GANIRELIX ACETATE	NO	NO	YES **
GONAL-F	NO	NO	YES **
LUVERIS	NO	NO	YES **
MENOPUR	YES	NO	YES **
novarel	YES	YES	NO
OVIDREL	YES	YES	NO
pregnyl	YES	YES	NO
REPRONEX	NO	NO	YES **

LUNG DISORDERS

ACTIMMUNE	YES	YES	NO
ARALAST	NO	NO	NO
ARALAST NP	NO	NO	NO
GLASSIA	NO	NO	NO
PROLASTIN, PROLASTIN-C	YES	NO	NO
XOLAIR	NO	NO	YES
ZEMAIRA	NO	NO	NO

MULTIPLE SCLEROSIS

ACTHAR HP	NO	NO	NO
AMPYRA	NO	NO	YES
AVONEX	YES	NO	NO
BETASERON	NO	NO	NO
COPAXONE	YES	YES	NO
EXTAVIA	NO	NO	NO
GILENYA	NO	NO	NO
REBIF	YES	YES	NO

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ORAL CHEMOTHERAPY			
AFINITOR	YES	YES	NO
GLEEVEC	YES	YES	NO
HEXALEN	YES	YES	NO
HYCAMTIN	YES	YES	NO
LYSODREN	YES	YES	NO
MATULANE	YES	YES	NO
NEXAVAR	YES	YES	NO
OFORTA	YES	YES	NO
REVLIMID	YES	YES	NO
SPRYCEL	YES	YES	NO
SUTENT	YES	YES	NO
TARCEVA	YES	YES	NO
TARGRETIN	YES	YES	NO
TASIGNA	YES	YES	NO
TEMODAR	YES	YES	NO
THALOMID	YES	YES	NO
TRETINOIN	YES	YES	NO
TYKERB	YES	YES	NO
VESANOID	NO	NO	NO
VOTRIENT	YES	YES	NO
XELODA	YES	YES	NO
ZOLINZA	YES	YES	NO
OTHERS			
APOKYN	YES	YES	NO
CHENODAL	YES	YES	NO
CINRYZE*	NO	NO	YES
ELIGARD	YES	NO	NO
EXJADE*	NO	NO	NO
FIRMAGON	YES	YES	NO
FORTEO	NO	NO	NO
HIZENTRA 20% leuprolide acetate	NO	NO	YES
LUCENTIS	YES	YES	NO
LUPRON	NO	NO	NO
LUPRON DEPOT	NO	NO	NO
LUPRON DEPOT	YES	YES	NO
MACUGEN	NO	NO	NO
SAMSCA	NO	NO	NO
SOMATULINE DEPOT	NO	NO	NO
TRELSTAR DEPOT	NO	NO	NO
TRELSTAR DEPOT	YES	NO	NO
TRELSTAR LA	YES	NO	NO
VISUDYNE	NO	NO	NO

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VIVAGLOBIN	NO	NO	YES
XENAZINE*	NO	NO	NO
PULMONARY HYPERTENSION			
ADCIRCA	YES	YES	YES
epoprostenol sodium	YES	YES	NO
FLOLAN*	NO	NO	NO
LETAIRIS	NO	NO	NO
REMODULIN*	YES	NO	NO
REVATIO	NO	NO	YES
TRACLEER*	YES	YES	NO
TYVASO*	NO	NO	NO
VELETRI	NO	NO	NO
VENTAVIS	YES	NO	NO

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