

# Specialty pharmacy drug benefit

## What are specialty drugs?

Specialty pharmacy drugs covered under the pharmacy benefit are typically drugs that are administered by the patient. These may include, but are not limited to, drugs that are taken orally or administered by injection. Specialty drugs meet certain criteria, including, but not limited to:

- Drugs used to treat rare, complex, or chronic diseases
- Drugs that have complex storage and/or shipping requirements
- Drugs that require comprehensive patient monitoring and education

Each specialty pharmacy drug below is categorized according to its most commonly recognized therapeutic indication or treatment class. Some drugs can be used for indications other than those that are listed below. The generic drugs are shown in lowercase type. Brand-name drugs are shown in CAPITAL letters. Regardless of how the drug is classified, prior authorization may be required (indicated below by an \*). Drugs that are not included in the list either may not be considered specialty pharmacy drugs or may be available under the member's medical benefit.

Independence Blue Cross members may obtain specialty medications from BriovaRx™, FutureScripts®, specialty pharmacy. At no charge to members, BriovaRx offers an array of services designed specifically to meet the needs of those taking specialty medications, both members and their caregivers. This includes access to clinicians, pharmacists, and nurses who are very experienced with specialty medications and related side-effects. Through BriovaRx members have access to 24/7 video consultations, ongoing patient education and support, confidential and convenient order and delivery, and refill reminders.

Members' specialty drug prescriptions are managed by the FutureScripts Specialty Pharmacy Program and are available from BriovaRx. Members can call 1-855-4BRIOVA (1-855-427-4682) to enroll in the FutureScripts Specialty Pharmacy Program or go to [briovarx.com/enrollmentForms.html](http://briovarx.com/enrollmentForms.html) to download an enrollment form.

Benefit plans vary with some members required to use BriovaRx for all fills of specialty drugs and some members able to use BriovaRx voluntarily. For additional information about the FutureScripts Specialty Pharmacy Program, members should call the number on their ID card.

## Specialty Pharmacy Drugs – Applicable to Select Drug Program® and Value Formularies

Acromegaly	SOMAVERT
Antihyperlipidemics	JUXTAPID*, KYNAMRO*†, PRALUENT*, REPATHA*
Antineoplastic‡	AFINITOR*, AFINITOR DISPERZ*, ALECENSA*, ALUNBRIG*, bexarotene, BOSULIF*, BRAFTOVI*, CALQUENCE*, capecitabine, CAPRELSA*, CABOMETYX*, COMETRIQ*, COPIKTRA*, COTELLIC*, EFUDEX† topical, ERIVEDGE*, ERLEADA*, etoposide, FARYDAK*, fluorouracil (topical), GILOTRIF*, GLEEVEC*†, gleostine, HYCAMTIN*, IBRANCE*, ICLUSIG*, IDHIFA*, imatinib*, IMBRUVICA*, INLYTA*, IRESSA, JAKAFI*, KISQALI*, LENVIMA*, LONSURF*, LYNPARZA*, MATULANE, MEKINIST*, MEKTOVI* mercaptopurine, MESNEX, NERLYNX*, NEXAVAR*, NINLARO*, Nilandron†, nilutamide, ODOMZO*, POMALYST*, PURIXAN, REVLIMID*, RUBRACA*, RYDAPT*, SPRYCEL*, STIVARGA*, SUTENT*, SYLATRON*, TABLOID, TAFINLAR*, TAGRISSO*, TALZENNA*, TARCEVA*, TARGRETIN†, TASIGNA*, TEMODAR*†, temozolomide*, THALOMID*, TIBSOVO*, tretinoin capsule, TYKERB*, VALCHLOR*, VENCLEXTA*, VERZENIO*, VIZIMPRO*, VOTRIENT*, XALKORI*, XELODA†, XTANDI*, YONSA*, ZEJULA*, ZELBORAF*, ZOLINZA*, ZYDELIG*, ZYKADIA*, ZYTIGA*
Cystic Fibrosis	BETHKIS, CAYSTON*, KALYDECO*, KITABIS PAK†, ORKAMBI*, PULMOZYME*, SYMDEKO*, TOBI PODHALER CAPSULE, TOBI NEBULIZATION SOLUTION†, tobramycin nebulization solution
Disease-Modifying Antiheumatic Drugs	ACTEMRA*, ARCALYST*, CIMZIA*, COSENTYX*, ENBREL*, HUMIRA*, KEVZARA*, KINERET*, OLUMIANT*, ORENCIA*, OTEZLA*, SILIQ*, SIMPONI*, TALTZ*, TREMFYA*, XELJANZ (XR)*

Enzyme Replacement	CERDELGA*
Growth Hormone	GENOTROPIN*†, HUMATROPE*, INCRELEX*, NORDITROPIN*, NUTROPIN AQ*, OMNITROPE*, SAIZEN*, SAIZENPREP*, SEROSTIM*, ZOMACTON*†, ZORBTIVE*†
Hematopoietics	ARANESP†, DOPTelet*, EPOGEN†, FULPHILA, MULPLETA*, NEULASTA, NEUPOGEN, NIVESTYM, PROCIT, PROMACTA*, RETACRIT, TAVALLISSE*
Hemophilia	ADVATE*, ADYNOVATE*, AFSTYLA*, ALPHANATE*, ALPHANINE SD*, ALPROLIX*, BEBULIN*, BENEFIX*, COAGADEX*, CORIFACT*, ELOCTATE*, FEIBA*, HELIXATE FS*, HEMLIBRA*, HEMOFIL M*, HUMATE-P*, IDELVION*, IXINITY*, JIVI*, KOATE*, KOATE-DVI*, KOGENATE FS*, KOVALTRY*, MONOCLATE-P*, MONONINE*, NOVOEIGHT*, NOVOSSEVEN RT*, NUWIQ*, OBIZUR*, PROFILNINE*, REBINYN*, RECOMBIMATE*, RIXUBIS*, TRETTEEN*, VONVENDI*, WILATE*, XYNTHA*
Hepatitis B	adefovir dipivoxil, BARACLUDGE†, entecavir, EPIVIR HBV†, HEPSERA†, lamivudine (HBV), VEMLIDY†
Hepatitis C	DAKLINZA*, EPCLUSA*, HARVONI*, MAVYRET*, moderiba, PEGASYS*, PEG-INTRON, REBETOL†, RIBAPAK, RIBASPHERE, ribavirin, SOVALDI*, VIEKIRA XR*, VIRAZOLE†, VOSEVI*, ZEPATIER*
Hormonal Therapies	KORLYM*, leuprolide acetate, NATPARA*
Infectious Disease	ACTIMMUNE, ARIKAYCE*, DARAPRIM, PREVYMIS
Infertility†	BRAVELLE*, CETROTIDE, chorionic gonadotropin†, FOLLISTIM AQ*, ganirelix, GONAL-F*, GONAL-F RFF*, MENOPUR, NOVAREL, OVIDREL, PREGNYL
Iron Overload	Cuprimine*, EXJADE*, FERRIPROX*, JADENU*
Multiple Sclerosis	AMPYRA*, AUBAGIO, AVONEX, BETASERON, COPAXONE, dalfampridin ER*, EXTAVIA*†, GILENYA, glatopa, PLEGRIDY, REBIF*†, TECFIDERA
Osteoporosis	FORTEO*, TYMLOS*
Other Therapies	APOKYN, AUSTEDO*, BENLYSTA*, BERINERT*, BUPHENYL†, CARBAGLU*, CHENODAL, CHOLBAM*, CINRYZE*, CYSTAGON*, CYSTARAN*, DUPIXENT*, EMFLAZA*, ESBRIET*, FIRAZYR*, GALAFOLD*, GATTEX*, HAEGARDA*, HETLIOZ*, JYNARQUE*, KEVEYIS* KUVAN, MYALEPT*, NITYR, NORTHERA*, OCALIVA*, OFEV*, ORFADIN, PALYNZIQ*, PROCYSBI*, RAVICTI*, RUCONEST*, SABRIL†, SAMSCA*, SIGNIFOR*, sodium phenylbutyrate, STRENSIQ*, SUCRAID, SYPRINE*†, TAKHZYRO*, TEGSEDI*, THIOLA*, trientine*, XERMELO*, XURIDEN*, XYREM*
Pulmonary Arterial Hypertension	ADCIRCA*, ADEMPAS*, LETAIRIS*, OPSUMIT*, ORENITRAM*, REVATIO*†, sildenafil citrate*, tadalafil* (PAH), TRACLEER*, TYVASO*, UPTRAVI*, VENTAVIS*

\*Drugs that require prior authorization for all company products and all indications, unless noted as an exception.

† This drug is considered non-formulary on the Value Formulary. This means this drug is not covered.

‡ Drugs in this category may be filled at any participating pharmacy if covered in member benefit.

**Note:** Because specialty pharmacy benefits vary by group, the inclusion of a drug in this list does not imply coverage. Certain medications may require a rider or additional coverage. For more information, members should call Customer Service at the number on their ID card.

A small number of specialty drugs may be subject to 'split fill'. This means the prescription is filled in separate amounts. The first amount is filled right away. The second amount may be filled at a later date, allowing time for members to talk to their doctor or pharmacist about changing the dose or stopping the medication. The member's cost-share is determined by the amount of medication included in each split fill.

List is current as of 4/1/2019, and is subject to change. For the most up-to-date information, please search for specific drugs online at [ibxpress.com](http://ibxpress.com)

This list is only applicable to the Select Drug Program and Value Formulary. This list is not applicable to the Premium Formulary.



Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

FutureScripts is an independent company and serves as Independence Blue Cross's pharmacy benefits manager.

## Language Assistance Services

**Spanish:** ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

**Chinese:** 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

**Korean:** 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

**Portuguese:** ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

**Gujarati:** સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

**Russian:** ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

**Italian:** ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

**Arabic:** ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

**Pennsylvania Dutch:** BASS UFF: Wann du Pennsylvania Deutsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

**Japanese:** 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。1-800-275-2583へお電話ください。

### Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

**Navajo:** Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódíílnih koji' 1-800-275-2583.

### Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

**Mon-Khmer, Cambodian:** សូមមេត្តាចាប់អារម្មណ៍៖

ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

## Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: [civilrightscordinator@1901market.com](mailto:civilrightscordinator@1901market.com). If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.