

HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY SPECIALTY PHARMACEUTICAL LIST*

BLOOD MODIFIERS

Aranesp^{1,2}
 Epogen^{1,2}
 Leukine¹
 Neumega^{1,2}
 Neulasta^{1,2}
 Neupogen^{1,2}
 Procrit^{1,2}

GONADOTROPIN-RELEASING HORMONE ANTAGONISTS

Degarelix²
 Eligard²
 Lupron/Lupron Depot²
 Trelstar Depot²
 TrelstarLA²
 Zoladex²

GROWTH HORMONE

Genotropin^{1,2}
 Humatrope^{1,2}
 Norditropin^{1,2}
 Nutropin^{1,2}
 Nutropin AQ^{1,2}
 Omnitrope^{1,2}
 Saizen^{1,2}
 Tev-Tropin^{1,2}

GROWTH HORMONE/HIV

Fuzeon^{1,2}
 Serostim^{1,2}

HEPATITIS C

Copegus^{® 1,2}
 Infergen^{® 1,2}
 Intron^{®-A 1}
 Pegasys^{® 1,2}
 Peg-Intron^{® 1,2}
 Rebeto^{® 1,2}
 Rebetrin^{® 1,2}
 Ribavirin (generic)^{1,2}
 Roferon A¹

MULTIPLE SCLEROSIS

Avonex²
 Betaseron²
 Copaxone²
 Rebif²

ONCOLOGY

Afinitor^{1,2}
 Gleevec²
 Hycamtin Oral¹
 Nexavar^{1,2}
 Revlimid^{1,2}
 Sprycel^{™ 1,2}
 Sutent^{1,2}
 Tarceva²
 Temodar²
 Thalomid^{1,2}
 Tykerb¹
 Xeloda²
 Zolanza

RESPIRATORY

Letairis²
 Pulmozym²
 Revatio^{1,2}
 Tobi²
 Tracleer²

RHEUMATOID ARTHRITIS

Enbrel^{1,2}
 Humira^{1,2}
 Kineret (anakinra)²
 Simponi^{1,2}

MISCELLANEOUS/OTHER

Actimmune^{1,2}
 Apokyn
 Forteo²
 Increlex¹
 Promacta^{1,2}
 Raptiva¹
 Sandostatin LAR
 Sandostatin SQ
 Somatuline Depot
 Somavert^{1,2}
 Xenazine^{1,2}
 Zavesca
 Zorbtive^{1,2}

1. Prior Authorization Required - Select drugs or drug categories require authorization before prescriptions can be filled. If prior authorization is required, it is important that you or your physician initiate a review as soon as possible. To start your review, please have your physician call **1-866-776-5684**.
2. Dispensing Limits Apply – Horizon Blue Cross Blue Shield of New Jersey monitors claims for certain drugs to ensure that they are prescribed and dispensed within the proper safety standards for dosage and/or the length of time you use the drug. These standards are established from a number of sources such as Food and Drug Administration product labeling, medical literature, dispensing patterns and generally accepted standards of medical practice. If your specialty medication prescription requires you to exceed the dispensing limit, you will be notified. You or your physician can request an exception. Call **877-542-0091** to request an exception request form for your physician to complete and fax to Horizon BCBSNJ at **973-274-2285**.

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The list of drugs subject to Prior Authorization or Dispensing Limits is subject to change.

Updated May 2009