

This list contains commonly prescribed drug products available through the **Navitus SpecialtyRx Program**.

This program may not be available to all members and all products listed may not be covered for all members. Please refer to your complete **formulary listing** and summary of benefits for detailed participation and coverage information.

All dosage forms and strengths for the medications included in this listing may not be available through the specialty pharmacy program.

Contact Navitus SpecialtyRx Customer Care with any questions.

toll-free:
1-800-218-1488

Commonly Prescribed Specialty Pharmacy Products

CONDITION / DRUG STATUS

ACROMEGALY		
Octreotide Inj (SANDOSTATIN Eqiv)		
ANEMIA		
ARANESP (darbepoetin alfa-albumin)	PA*	
EPOGEN (epoetin alfa)	PA*	
PROCRIT (epoetin alfa)	PA*	
ANTICOAGULANTS		
LOVENOX (enoxaparin)		NM
May be obtained at both retail and the specialty pharmacy		
CHRONIC HEPATITS C INFECTION		
HESPERA (adefovir dipivoxil)		
INFERGEN (interferon-alfacon-1)		
INTRON-A (interferon alfa 2b)		
PEG-INTRON (peginterferon alfa 2b)		
REBETRON (ribavirin interferon ribavirin)		
ROFERON-A (interferon alfa-2a)		
GROWTH HORMONE		
NORDITROPIN		PA
INFERTILITY		
Self-administered infertility agents		PA
MISCELLANEOUS AGENTS		
ACTIMMUNE (interferon 1-B)		
ALFERON-N (interferon alpha-N3)		
CAVERJECT (prostaglandin E-1)		QL
calcitriol injection		
desmopressin acetate injection		
FUZEON (enfuvirtide)		
MULTIPLE SCLEROSIS		
AVONEX (interferon beta 1a)		
BETASERON (interferon alpha 1b)		
COPAXONE (glatiramer acetate)		
REBIF (interferon beta 1a)		
NEUTROPENIA		
LEUKINE (sargramostim)		
NEULASTA (pegfilgrastim)		
NEUMEGA (oprelvekin)		
NEUPOGEN (filgrastim)		
ONCOLOGY		
ARIMIDEX (anastrozole)		
AROMASIN (exemestane)		
CASODEX (bicalutamide)		
EMCYT (estramustine)		
FARESTON (toremifene)		
FEMARA (letrozole)		
GLEEVEC (imatinib)		RS
LYSODREN (mitotane)		
MESNEX (mesna)		
NEXAVAR (sorafenib tosylate)		PA
REVLIMID (lenalidomide)		
SUTENT (sunitinib)		PA
TARCEVA (erlotinib)		PA
TEMODAR (temozolomide)		
TARGRETIN (bexarotene)		PA
THALOMID (thalidomide)		
SPRYCEL (dasatinib)		PA
VEPESID (etoposide)		
VESANOID (tretinoin)		
XELODA (capecitabine)		
ZOLINZA (vorinostat)		PA
OSTEOPOROSIS		
FORTEO (teriparatide)		
MIACALCIN injection (calcitonin)		
PLAQUE PSORIASIS		
ENBREL (etanercept)		PA
RHEUMATOID ARTHRITIS		
ENBREL (etanercept)		PA
HUMIRA (adalimumab)		PA
KINERET (anakinra)		PA

PA = Prior authorization required for coverage

RS = Restricted Specialist

NM = Purchase through Navitus SpecialtyRx is not mandatory.

* = May only be obtained through specialty pharmacy program if self-injected.
PA May not be required if prescribed by Infectious Disease, Hematology, Nephrology, or Oncology clinicians.

This list is not all-inclusive and is subject to change.