



# Hillcrest Specialty Formulary

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## April 2012



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## **What are Specialty drugs?**

Specialty drugs are those drugs used to treat complex or chronic conditions, and which usually require close monitoring, such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancer, and other conditions that are difficult to treat with traditional therapies. Specialty drugs may be self-administered in the home by injection (under the skin or into a muscle), by inhalation, by mouth, or on the skin. These drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability.

## **What is my specialty benefit coverage?**

As part of your Scott & White Health Plan (SWHP) coverage, you may have a specialty benefit. This document will help you understand your specialty benefit and the SWHP specialty formulary.

Not every specialty benefit is the same. The best way to figure out your specialty benefit coverage is to review your *Evidence of Coverage* or call the SWPS Customer Service department.

## **What is the Scott & White Health Plan specialty formulary?**

A formulary is a list of covered drugs selected by SWHP in consultation with a team of health care providers. The list represents the specialty drugs believed to be a necessary part of a quality treatment program. SWHP will generally cover the drugs listed on the formulary as long as the drug is medically necessary and plan rules are followed. The list contains both brand-name and generic medications and is updated regularly.

This SWHP specialty formulary is an open formulary. This means that preferred drugs are listed in this document and are covered under your benefit, but coverage for drugs not listed (non-formulary) may also be provided.

The formulary may be tiered meaning there are different copayment levels for drugs on different levels.

The formulary may change because we review new medical information regarding current drugs listed as well as new drugs recently approved by the FDA.

### **How was the specialty formulary created and how are new medications reviewed?**

The SWHP Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs approved by the FDA and new information regarding drugs that are already on the formulary. The Committee is primarily made up of physicians, pharmacists and nurses. It reviews information and scientific evidence concerning safety, effectiveness and current use in therapy.

### **Does the specialty formulary ever change?**

Since the P&T Committee meets regularly and reviews new information, the formulary may change. Below are some possible reasons the formulary could change:

- Generic forms of the brand drug become available. The brand-name medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment.
- New drugs may be added by the P&T Committee.
- A drug may be withdrawn from the market by the FDA
- A drug becomes available without a prescription (becomes over-the-counter), then the drug may be removed from the formulary. Often, drugs available over-the-counter are not covered under the prescription benefit.

### **What are brand-name and generic drugs?**

SWHP covers both brand-name and generic drugs. A brand-name drug is one that is produced under the original manufacturer's brand name. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand-name drugs but the quality and effectiveness is the same. Generic drugs may differ from the brand-name drug in color, shape, flavor or inactive ingredients. Some brand-name drugs have a generic equivalent and others do not. If a generic form of a brand-name drug becomes available, the brand-name medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment.

### **Are there any restrictions on my coverage?**

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** SWHP requires you or your physician to get prior authorization before filling certain drugs. *Drugs needing prior authorization are noted on the formulary by a "PA" next to the drug name.*

- **Quantity Limits:** For certain drugs, SWHP limits the amount of medication covered. *Drugs with quantity limits are noted on the formulary by a “QL” next to the drug name.*
- **Step Therapy:** In some cases, SWHP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. *Drugs with step therapy are noted on the formulary by an “ST” next to the drug name.*
- **Age Restriction:** There are certain medications which may be limited to a certain age group. *Drugs with age restrictions are noted on the formulary by an “AL” next to the drug name.*

SWHP may make an exception to the above restrictions or limits. Please refer to the section titled “How do I request an exception to the SWHP specialty formulary?”

### **How do I request an exception to the SWHP specialty formulary?**

Your physician can ask SWHP to make an exception to the formulary. There are several types of exceptions that can be requested:

- Exception to waive a coverage restriction or limit on a drug (example: waive or increase a quantity limit)
- Exception to provide a higher level of coverage for a drug (example: cover the drug at a lower copayment).

To request an exception, your physician must submit a coverage exception form to Scott & White Prescription Services. Both you and your physician will be notified of the approval by mail and the drug will be covered under the applicable copayment. If the request is denied, both you and your physician will be notified. You may still purchase the medication for the full price.

### **What drugs are not covered by my specialty benefit?**

Please refer to your *Evidence of Coverage* for complete plan coverage, limitations and exclusions specific to your specialty benefit.

### **How much medication does my copayment cover?**

You can get up to a 34-day supply of medication for a single copayment. Some medications may have quantity limit, restricting the amount of drug you can get per prescription or per copayment.

Maintenance medications (noted on the formulary by a “MN” next to the drug name) are used to treat chronic medical conditions. The prescription for the drug must be written for a three month supply of medication.

Please refer to your *Evidence of Coverage* for complete plan coverage.

### How can I save money on prescriptions?

Medications on the SWHP specialty formulary generally cost less than medications not listed. A generic medication will usually be the lowest copayment option. Ask the provider or pharmacist whether generic medications are appropriate.

Be sure to take this formulary with you to each visit so that the provider knows what medication is covered.

### Abbreviations

<b>T1, T2, T3</b>	Copayment tiers
<b>MN</b>	Maintenance medication
<b>PA</b>	Prior authorization required
<b>QL</b>	Quantity limit
<b>AL</b>	Age-limit
<b>ST</b>	Step-therapy required

**NOTE:** When a generic form of the brand drug becomes available, the brand-name medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment. The print formularies may not have the most up-to-date coverage of drugs.

**By Category**

<b>(8:12.02) Anti-infective Agents » Antibacterials » Aminoglycosides</b>			
<b>Product Name</b>	<b>Form</b>	<b>Strength</b>	<b>Coverage Details</b>
TOBI	NEBU	300MG/5ML	
<b>(8:18.20) Anti-infective Agents » Antivirals » Interferons</b>			
<b>Product Name</b>	<b>Form</b>	<b>Strength</b>	<b>Coverage Details</b>
INFERGEN	INJ	15MCG/0.5ML	
INFERGEN	INJ	9MCG/0.3ML	
PEG-INTRON	KIT	150MCG/0.5ML	
PEG-INTRON	KIT	50MCG/0.5ML	
PEG-INTRON	KIT	80MCG/0.5ML	
PEG-INTRON	KIT	120MCG/0.5ML	
PEG-INTRON REDIPEN	KIT	120MCG/0.5ML	
PEG-INTRON REDIPEN	KIT	150MCG/0.5ML	
PEG-INTRON REDIPEN	KIT	80MCG/0.5ML	
PEG-INTRON REDIPEN	KIT	50MCG/0.5ML	
PEGASYS	SOLN	180MCG/ML	
PEGASYS	KIT	180MCG/0.5ML	
<b>(8:18.32) Anti-infective Agents » Antivirals » Nucleosides and Nucleotides</b>			
<b>Product Name</b>	<b>Form</b>	<b>Strength</b>	<b>Coverage Details</b>
BARACLUDE	TABS	0.5MG	
BARACLUDE	TABS	1MG	
BARACLUDE	SOLN	0.05MG/ML	
HEPSERA	TABS	10MG	
<b>(8:18.40) Anti-infective Agents » Antivirals » Protease Inhibitors</b>			
<b>Product Name</b>	<b>Form</b>	<b>Strength</b>	<b>Coverage Details</b>
INCIVEK	TABS	375MG	PA
VICTRELIS	CAPS	200MG	PA
<b>(10:00) Antineoplastic Agents</b>			
<b>Product Name</b>	<b>Form</b>	<b>Strength</b>	<b>Coverage Details</b>
AFINITOR	TABS	5MG	PA
AFINITOR	TABS	10MG	PA
AFINITOR	TABS	2.5MG	PA
ERIVEDGE	CAPS	150MG	PA
ETOPOSIDE	CAPS	50MG	
GLEEVEC	TABS	100MG	PA
GLEEVEC	TABS	400MG	PA
HYCAMTIN	CAPS	0.25MG	
HYCAMTIN	CAPS	1MG	
INLYTA	TABS	1MG	PA
INLYTA	TABS	5MG	PA
INTRON-A	SOLN	10MU/ML	
INTRON-A	KIT	3MU/0.2ML	
INTRON-A	KIT	10MU/0.2ML	
INTRON-A	SOLN	6000000UNIT/ML	
INTRON-A	KIT	5MU/0.2ML	
INTRON-A W/DILUENT	SOLR	10MU	
INTRON-A W/DILUENT	SOLR	50MU	
INTRON-A W/DILUENT	SOLR	18MU	
IRESSA	TABS	250MG	
JAKAFI	TABS	25MG	PA
JAKAFI	TABS	5MG	PA
JAKAFI	TABS	10MG	PA
JAKAFI	TABS	15MG	PA
JAKAFI	TABS	20MG	PA
LUPRON DEPOT	KIT	30MG	
LUPRON DEPOT	KIT	11.25MG	
LUPRON DEPOT	KIT	22.5MG	
LUPRON DEPOT	KIT	45MG	

LUPRON DEPOT	KIT	3.75MG	
LUPRON DEPOT	KIT	7.5MG	
LUPRON DEPOT-PED	KIT	15MG	
LUPRON DEPOT-PED	KIT	7.5MG	
LUPRON DEPOT-PED	KIT	11.25MG	
LUPRON DEPOT-PED	KIT	11.25MG	
LUPRON DEPOT-PED	KIT	30MG	
NEXAVAR	TABS	200MG	
REVLIMID	CAPS	5MG	
REVLIMID	CAPS	15MG	
REVLIMID	CAPS	25MG	
REVLIMID	CAPS	10MG	
SPRYCEL	TABS	70MG	PA
SPRYCEL	TABS	20MG	PA
SPRYCEL	TABS	80MG	PA
SPRYCEL	TABS	100MG	PA
SPRYCEL	TABS	50MG	PA
SPRYCEL	TABS	140MG	PA
SUTENT	CAPS	50MG	
SUTENT	CAPS	12.5MG	
SUTENT	CAPS	25MG	
TARCEVA	TABS	100MG	
TARCEVA	TABS	25MG	
TARCEVA	TABS	150MG	
TARGRETIN	CAPS	75MG	
TASIGNA	CAPS	200MG	PA
TASIGNA	CAPS	150MG	PA
TEMODAR	CAPS	180MG	
TEMODAR	CAPS	100MG	
TEMODAR	CAPS	20MG	
TEMODAR	CAPS	250MG	
TEMODAR	CAPS	140MG	
TEMODAR	CAPS	5MG	
TRETINOIN	CAPS	10MG	
TYKERB	TABS	250MG	
VOTRIENT	TABS	200MG	
XELODA	TABS	150MG	
XELODA	TABS	500MG	
ZYTIGA	TABS	250MG	PA

**(20:12.04.14) Blood Formation,Coagulation & Thrombosis » Antithrombotic Agents » Anticoagulants » Direct Factor Xa Inhibitors**

Product Name	Form	Strength	Coverage Details
ARIXTRA	SOLN	7.5MG/0.6ML	
ARIXTRA	SOLN	5MG/0.4ML	
ARIXTRA	SOLN	10MG/0.8ML	
ARIXTRA	SOLN	2.5MG/0.5ML	
FONDAPARINUX SODIUM	SOLN	2.5MG/0.5ML	
FONDAPARINUX SODIUM	SOLN	5MG/0.4ML	
FONDAPARINUX SODIUM	SOLN	7.5MG/0.6ML	
FONDAPARINUX SODIUM	SOLN	10MG/0.8ML	

**(20:12.04.16) Blood Formation,Coagulation & Thrombosis » Antithrombotic Agents » Anticoagulants » Heparins**

Product Name	Form	Strength	Coverage Details
ENOXAPARIN SODIUM	SOLN	30MG/0.3ML	
ENOXAPARIN SODIUM	SOLN	120MG/0.8ML	
ENOXAPARIN SODIUM	SOLN	80MG/0.8ML	
ENOXAPARIN SODIUM	SOLN	40MG/0.4ML	
ENOXAPARIN SODIUM	SOLN	100MG/ML	
ENOXAPARIN SODIUM	SOLN	150MG/ML	
FRAGMIN	SOLN	15000UNIT/0.6ML	

FRAGMIN	SOLN	5000UNIT/0.2ML	
FRAGMIN	SOLN	10000UNIT/ML	
FRAGMIN	SOLN	12500UNIT/0.5ML	
FRAGMIN	SOLN	18000UNT/0.72ML	
FRAGMIN	SOLN	25000UNIT/ML	
FRAGMIN	SOLN	7500UNIT/0.3ML	
FRAGMIN	SOLN	2500UNIT/0.2ML	
LOVENOX	SOLN	100MG/ML	
LOVENOX	SOLN	30MG/0.3ML	
LOVENOX	SOLN	150MG/ML	
LOVENOX	SOLN	40MG/0.4ML	
LOVENOX	SOLN	80MG/0.8ML	
LOVENOX	SOLN	300MG/3ML	
LOVENOX	SOLN	120MG/0.8ML	
<b>(20:16) Blood Formation,Coagulation &amp; Thrombosis » Hematopoietic Agents</b>			
<b>Product Name</b>	<b>Form</b>	<b>Strength</b>	<b>Coverage Details</b>
MOZOBIL	SOLN	24MG/1.2ML	PA
<b>(24:12.12) Cardiovascular Drugs » Vasodilating Agents » Phosphodiesterase Type 5 Inhibitors</b>			
<b>Product Name</b>	<b>Form</b>	<b>Strength</b>	<b>Coverage Details</b>
REVATIO	TABS	20MG	
<b>(24:12.92) Cardiovascular Drugs » Vasodilating Agents » Vasodilating Agents, Miscellaneous</b>			
<b>Product Name</b>	<b>Form</b>	<b>Strength</b>	<b>Coverage Details</b>
LETAIRIS	TABS	5MG	
LETAIRIS	TABS	10MG	
TRACLEER	TABS	62.5MG	
TRACLEER	TABS	125MG	
VENTAVIS	SOLN	10MCG/ML	
VENTAVIS	SOLN	20MCG/ML	
<b>(28:36.20.08) Central Nervous System Agents » Antiparkinsonian Agents » Dopamine Receptor Agonists » Nonergot-derivative</b>			
<b>Product Name</b>	<b>Form</b>	<b>Strength</b>	<b>Coverage Details</b>
APOKYN	SOLN	10MG/ML	
<b>(48:24) Respiratory Tract Agents » Mucolytic Agents</b>			
<b>Product Name</b>	<b>Form</b>	<b>Strength</b>	<b>Coverage Details</b>
PULMOZYME	SOLN	1MG/ML	
<b>(64:00) Heavy Metal Antagonists</b>			
<b>Product Name</b>	<b>Form</b>	<b>Strength</b>	<b>Coverage Details</b>
EXJADE	TBSO	125MG	PA
EXJADE	TBSO	500MG	PA
EXJADE	TBSO	250MG	PA
<b>(68:24) Hormones and Synthetic Substitutes » Parathyroid</b>			
<b>Product Name</b>	<b>Form</b>	<b>Strength</b>	<b>Coverage Details</b>
FORTEO	SOLN	600MCG/2.4ML	PA
<b>(68:30.04) Hormones and Synthetic Substitutes » Somatotropin Agonists and Antagonists » Somatotropin Agonists</b>			
<b>Product Name</b>	<b>Form</b>	<b>Strength</b>	<b>Coverage Details</b>
NORDITROPIN FLEXPPO	SOLN	15MG/1.5ML	PA
NORDITROPIN FLEXPPO	SOLN	5MG/1.5ML	PA
NORDITROPIN FLEXPPO	SOLN	10MG/1.5ML	PA
NORDITROPIN NORDIFLEX PEN	SOLN	30MG/3ML	PA
<b>(84:92) Skin and Mucous Membrane Preparations » Skin and Mucous Membrane Agents, Misc</b>			
<b>Product Name</b>	<b>Form</b>	<b>Strength</b>	<b>Coverage Details</b>
TARGETIN	GEL	1%	
<b>(92:20) Miscellaneous Therapeutic Agents » Biologic Response Modifiers</b>			
<b>Product Name</b>	<b>Form</b>	<b>Strength</b>	<b>Coverage Details</b>
ACTIMMUNE	SOLN	2000000UNIT/0.5ML	
AVONEX	KIT	30MCG/VIAL	
AVONEX	KIT	30MCG/0.5ML	
COPAXONE	KIT	20MG/ML	
EXTAVIA	SOLR	0.3MG	

GILENYA	CAPS	0.5MG	PA
REBIF	SOLN	44MCG/0.5ML	PA
REBIF	SOLN	22MCG/0.5ML	PA
REBIF TITRATION PACK	SOLN	0	PA
THALOMID	CAPS	200MG	
THALOMID	CAPS	50MG	
THALOMID	CAPS	150MG	
THALOMID	CAPS	100MG	

**(92:36) Miscellaneous Therapeutic Agents » Disease-modifying Antirheumatic Agents**

Product Name	Form	Strength	Coverage Details
CIMZIA	KIT	200MG	PA
CIMZIA	KIT	200MG/ML	PA
ENBREL	SOLN	25MG/0.5ML	PA
ENBREL	KIT	25MG	PA
ENBREL	SOLN	50MG/ML	PA
ENBREL SURECLICK	SOLN	50MG/ML	PA
HUMIRA	KIT	40MG/0.8ML	PA; ST
HUMIRA	KIT	20MG/0.4ML	PA; ST
HUMIRA PEN	KIT	40MG/0.8ML	PA; ST
KINERET	SOLN	100MG/0.67ML	PA
SIMPONI	SOLN	50MG/0.5ML	PA; ST
SIMPONI	SOLN	50MG/0.5ML	PA; ST

**(92:44) Miscellaneous Therapeutic Agents » Immunosuppressive Agents**

Product Name	Form	Strength	Coverage Details
CELLCEPT	SUSR	200MG/ML	
CELLCEPT	CAPS	250MG	
CELLCEPT	TABS	500MG	
CYCLOSPORINE	CAPS	25MG	
CYCLOSPORINE MODIFIED	CAPS	25MG	
CYCLOSPORINE MODIFIED	CAPS	50MG	
CYCLOSPORINE MODIFIED	SOLN	100MG/ML	
CYCLOSPORINE MODIFIED	CAPS	100MG	
GENGRAF	CAPS	25MG	
GENGRAF	SOLN	100MG/ML	
GENGRAF	CAPS	100MG	
HECORIA	CAPS	0.5MG	
HECORIA	CAPS	1MG	
HECORIA	CAPS	5MG	
MYFORTIC	TBEC	180MG	
MYFORTIC	TBEC	360MG	
NEORAL	CAPS	100MG	
NEORAL	CAPS	25MG	
NEORAL	SOLN	100MG/ML	
PROGRAF	CAPS	1MG	
PROGRAF	CAPS	0.5MG	
PROGRAF	CAPS	5MG	
RAPAMUNE	SOLN	1MG/ML	
RAPAMUNE	TABS	1MG	
RAPAMUNE	TABS	2MG	
RAPAMUNE	TABS	0.5MG	
TACROLIMUS	CAPS	0.5MG	
TACROLIMUS	CAPS	5MG	
TACROLIMUS	CAPS	1MG	

**(92:92) Miscellaneous Therapeutic Agents » Other Miscellaneous Therapeutic Agents**

Product Name	Form	Strength	Coverage Details
OCTREOTIDE ACETATE	SOLN	200MCG/ML	
OCTREOTIDE ACETATE	SOLN	1000MCG/ML	
OCTREOTIDE ACETATE	SOLN	500MCG/ML	

OCTREOTIDE ACETATE	SOLN	50MCG/ML	
OCTREOTIDE ACETATE	SOLN	100MCG/ML	
SENSIPAR	TABS	60MG	
SENSIPAR	TABS	30MG	
SENSIPAR	TABS	90MG	
ZAVESCA	CAPS	100MG	

**By Alphabetical**

Product Name	Form	Strength	Coverage Details
ACTIMMUNE	SOLN	2000000UNIT/0.5ML	
AFINITOR	TABS	5MG	PA
AFINITOR	TABS	10MG	PA
AFINITOR	TABS	2.5MG	PA
APOKYN	SOLN	10MG/ML	
ARIXTRA	SOLN	7.5MG/0.6ML	
ARIXTRA	SOLN	5MG/0.4ML	
ARIXTRA	SOLN	10MG/0.8ML	
ARIXTRA	SOLN	2.5MG/0.5ML	
AVONEX	KIT	30MCG/VIAL	
AVONEX	KIT	30MCG/0.5ML	
BARACLUDE	TABS	0.5MG	
BARACLUDE	TABS	1MG	
BARACLUDE	SOLN	0.05MG/ML	
CELLCEPT	SUSR	200MG/ML	
CELLCEPT	CAPS	250MG	
CELLCEPT	TABS	500MG	
CIMZIA	KIT	200MG	PA
CIMZIA	KIT	200MG/ML	PA
COPAXONE	KIT	20MG/ML	
CYCLOSPORINE	CAPS	25MG	
CYCLOSPORINE MODIFIED	CAPS	25MG	
CYCLOSPORINE MODIFIED	CAPS	50MG	
CYCLOSPORINE MODIFIED	SOLN	100MG/ML	
CYCLOSPORINE MODIFIED	CAPS	100MG	
ENBREL	SOLN	25MG/0.5ML	PA
ENBREL	KIT	25MG	PA
ENBREL	SOLN	50MG/ML	PA
ENBREL SURECLICK	SOLN	50MG/ML	PA
ENOXAPARIN SODIUM	SOLN	30MG/0.3ML	
ENOXAPARIN SODIUM	SOLN	80MG/0.8ML	
ENOXAPARIN SODIUM	SOLN	40MG/0.4ML	
ENOXAPARIN SODIUM	SOLN	100MG/ML	
ENOXAPARIN SODIUM	SOLN	150MG/ML	
ENOXAPARIN SODIUM	SOLN	120MG/0.8ML	
ERIVEDGE	CAPS	150MG	PA
ETOPOSIDE	CAPS	50MG	
EXJADE	TBSO	125MG	PA
EXJADE	TBSO	500MG	PA
EXJADE	TBSO	250MG	PA
EXTAVIA	SOLR	0.3MG	
FONDAPARINUX SODIUM	SOLN	2.5MG/0.5ML	
FONDAPARINUX SODIUM	SOLN	5MG/0.4ML	
FONDAPARINUX SODIUM	SOLN	7.5MG/0.6ML	
FONDAPARINUX SODIUM	SOLN	10MG/0.8ML	
FORTEO	SOLN	600MCG/2.4ML	PA
FRAGMIN	SOLN	15000UNIT/0.6ML	
FRAGMIN	SOLN	5000UNIT/0.2ML	
FRAGMIN	SOLN	10000UNIT/ML	
FRAGMIN	SOLN	12500UNIT/0.5ML	
FRAGMIN	SOLN	18000UNT/0.72ML	
FRAGMIN	SOLN	25000UNIT/ML	
FRAGMIN	SOLN	7500UNIT/0.3ML	
FRAGMIN	SOLN	2500UNIT/0.2ML	
GENGRAF	CAPS	25MG	
GENGRAF	SOLN	100MG/ML	

Product Name	Form	Strength	Coverage Details
GENGRAF	CAPS	100MG	
GILENYA	CAPS	0.5MG	PA
GLEEVEC	TABS	100MG	PA
GLEEVEC	TABS	400MG	PA
HECORIA	CAPS	1MG	
HECORIA	CAPS	0.5MG	
HECORIA	CAPS	5MG	
HEPSERA	TABS	10MG	
HUMIRA	KIT	40MG/0.8ML	PA; ST
HUMIRA	KIT	20MG/0.4ML	PA; ST
HUMIRA PEN	KIT	40MG/0.8ML	PA; ST
HYCAMTIN	CAPS	0.25MG	
HYCAMTIN	CAPS	1MG	
INCIVEK	TABS	375MG	PA
INFERGEN	INJ	15MCG/0.5ML	
INFERGEN	INJ	9MCG/0.3ML	
INLYTA	TABS	5MG	PA
INLYTA	TABS	1MG	PA
INTRON-A	SOLN	6000000UNIT/ML	
INTRON-A	KIT	5MU/0.2ML	
INTRON-A	SOLN	10MU/ML	
INTRON-A	KIT	3MU/0.2ML	
INTRON-A	KIT	10MU/0.2ML	
INTRON-A W/DILUENT	SOLR	50MU	
INTRON-A W/DILUENT	SOLR	18MU	
INTRON-A W/DILUENT	SOLR	10MU	
IRESSA	TABS	250MG	
JAKAFI	TABS	25MG	PA
JAKAFI	TABS	5MG	PA
JAKAFI	TABS	10MG	PA
JAKAFI	TABS	15MG	PA
JAKAFI	TABS	20MG	PA
KINERET	SOLN	100MG/0.67ML	PA
LETAIRIS	TABS	5MG	
LETAIRIS	TABS	10MG	
LOVENOX	SOLN	100MG/ML	
LOVENOX	SOLN	30MG/0.3ML	
LOVENOX	SOLN	150MG/ML	
LOVENOX	SOLN	40MG/0.4ML	
LOVENOX	SOLN	80MG/0.8ML	
LOVENOX	SOLN	300MG/3ML	
LOVENOX	SOLN	120MG/0.8ML	
LUPRON DEPOT	KIT	22.5MG	
LUPRON DEPOT	KIT	45MG	
LUPRON DEPOT	KIT	3.75MG	
LUPRON DEPOT	KIT	7.5MG	
LUPRON DEPOT	KIT	11.25MG	
LUPRON DEPOT	KIT	30MG	
LUPRON DEPOT-PED	KIT	7.5MG	
LUPRON DEPOT-PED	KIT	11.25MG	
LUPRON DEPOT-PED	KIT	11.25MG	
LUPRON DEPOT-PED	KIT	30MG	
LUPRON DEPOT-PED	KIT	15MG	
MOZOBIL	SOLN	24MG/1.2ML	PA
MYFORTIC	TBEC	180MG	
MYFORTIC	TBEC	360MG	

Product Name	Form	Strength	Coverage Details
NEORAL	CAPS	100MG	
NEORAL	CAPS	25MG	
NEORAL	SOLN	100MG/ML	
NEXAVAR	TABS	200MG	
NORDITROPIN FLEXPRO	SOLN	15MG/1.5ML	PA
NORDITROPIN FLEXPRO	SOLN	5MG/1.5ML	PA
NORDITROPIN FLEXPRO	SOLN	10MG/1.5ML	PA
NORDITROPIN NORDIFLEX PEN	SOLN	30MG/3ML	PA
OCTREOTIDE ACETATE	SOLN	200MCG/ML	
OCTREOTIDE ACETATE	SOLN	1000MCG/ML	
OCTREOTIDE ACETATE	SOLN	500MCG/ML	
OCTREOTIDE ACETATE	SOLN	50MCG/ML	
OCTREOTIDE ACETATE	SOLN	100MCG/ML	
PEGASYS	SOLN	180MCG/ML	
PEGASYS	KIT	180MCG/0.5ML	
PEG-INTRON	KIT	80MCG/0.5ML	
PEG-INTRON	KIT	120MCG/0.5ML	
PEG-INTRON	KIT	150MCG/0.5ML	
PEG-INTRON	KIT	50MCG/0.5ML	
PEG-INTRON REDIPEN	KIT	120MCG/0.5ML	
PEG-INTRON REDIPEN	KIT	150MCG/0.5ML	
PEG-INTRON REDIPEN	KIT	80MCG/0.5ML	
PEG-INTRON REDIPEN	KIT	50MCG/0.5ML	
PROGRAF	CAPS	1MG	
PROGRAF	CAPS	0.5MG	
PROGRAF	CAPS	5MG	
PULMOZYME	SOLN	1MG/ML	
RAPAMUNE	SOLN	1MG/ML	
RAPAMUNE	TABS	0.5MG	
RAPAMUNE	TABS	1MG	
RAPAMUNE	TABS	2MG	
REBIF	SOLN	44MCG/0.5ML	PA
REBIF	SOLN	22MCG/0.5ML	PA
REBIF TITRATION PACK	SOLN	0	PA
REVATIO	TABS	20MG	
REVLIMID	CAPS	5MG	
REVLIMID	CAPS	15MG	
REVLIMID	CAPS	25MG	
REVLIMID	CAPS	10MG	
SENSIPAR	TABS	60MG	
SENSIPAR	TABS	30MG	
SENSIPAR	TABS	90MG	
SIMPONI	SOLN	50MG/0.5ML	PA; ST
SIMPONI	SOLN	50MG/0.5ML	PA; ST
SPRYCEL	TABS	70MG	PA
SPRYCEL	TABS	20MG	PA
SPRYCEL	TABS	80MG	PA
SPRYCEL	TABS	100MG	PA
SPRYCEL	TABS	50MG	PA
SPRYCEL	TABS	140MG	PA
SUTENT	CAPS	50MG	
SUTENT	CAPS	12.5MG	
SUTENT	CAPS	25MG	
TACROLIMUS	CAPS	0.5MG	
TACROLIMUS	CAPS	5MG	
TACROLIMUS	CAPS	1MG	

Product Name	Form	Strength	Coverage Details
TARCEVA	TABS	100MG	
TARCEVA	TABS	25MG	
TARCEVA	TABS	150MG	
TARGRETIN	CAPS	75MG	
TARGRETIN	GEL	1%	
TASIGNA	CAPS	200MG	PA
TASIGNA	CAPS	150MG	PA
TEMODAR	CAPS	180MG	
TEMODAR	CAPS	100MG	
TEMODAR	CAPS	20MG	
TEMODAR	CAPS	250MG	
TEMODAR	CAPS	140MG	
TEMODAR	CAPS	5MG	
THALOMID	CAPS	200MG	
THALOMID	CAPS	50MG	
THALOMID	CAPS	150MG	
THALOMID	CAPS	100MG	
TOBI	NEBU	300MG/5ML	
TRACLEER	TABS	62.5MG	
TRACLEER	TABS	125MG	
TRETINOIN	CAPS	10MG	
TYKERB	TABS	250MG	
VENTAVIS	SOLN	10MCG/ML	
VENTAVIS	SOLN	20MCG/ML	
VICTRELIS	CAPS	200MG	PA
VOTRIENT	TABS	200MG	
XELODA	TABS	150MG	
XELODA	TABS	500MG	
ZAVESCA	CAPS	100MG	
ZYTIGA	TABS	250MG	PA