

Specialty Pharmacy Drug Management List

Definition of specialty medications: Specialty medications are generally prescribed for people with complex or ongoing medical conditions such as multiple sclerosis, hemophilia, hepatitis C and rheumatoid arthritis. These high cost medications also have one or more of the following characteristics: injected or infused, but some may be taken by mouth; unique storage or shipment requirements; additional education and support required from a health care professional; and usually not stocked at retail pharmacies.

Antihypertensive

KEVEYIS*

Autoimmune

ACTEMRA SC
ARCALYST*
BENLYSTA
CIMZIA
COSENTYX
DUPIXENT
ENBREL
FIRDAPSE*
HUMIRA
KEVZARA
KINERET*
OLUMIANT
ORENCIA
OTEZLA
RINVOQ*
RUZURG*
SILIQ
SIMPONI
SKYRIZI
STELARA
TALTZ
TREMIFYA
XELJANZ

Blood Modifiers

ARANESP
CABLIVI*
DOPTLET
EPOGEN
FULPHILA
GRANIX
LEUKINE
MIRCERA
MULPLETA
NEULASTA
NEUPOGEN
NIVESTYM
NYVEPRIA
PROCRIT
PROMACTA
RETACRIT
UDENYCA
ZARXIO
ZIENTENZO

Cancer – Injectable

SYLATRON
DEPOT / LA / MIX

Cancer – Oral

abiraterone acetate
AFINITOR
ALECENSA
ALUNBRIG*
AYVAKIT*
BALVERSA
bexarotene
BOSULIF
BRAFTOVI
BRUKINSA*
CABOMETYX
CALQUENCE*
capecitabine
CAPRELSA*
COMETRIQ*
COPIKTRA*
COTELLIC
DAURISMO
ERIVEDGE
ERLEADA
erlotinib hydrochloride
ETOPOSIDE
everolimus
FARYDAK*
GAVRETO*
GLEEVEC
HEXALEN
HYCANTIN
IBRANCE
ICLUSIG*
IDHIFA
IMBRUVICA*
imatinib mesylate
INLYTA
INQOVI
INREBIC
IRESSA
JAKAFI
KISQALI
KISQALI FEMARA
KOSELUGO*
lapatinib ditosylate
LENVIMA*
LONSURF
LORBRENA
LYNPARZA*
LYSODREN*
MATULANE*
MEKINIST
MEKTOVI
NERLYNX
NEXAVAR
NINLARO

NUBEQA
ODOMZO
ONUREG
ORGOVYX
OXBRYTA*
PEMAZYRE*
PIQRAY
POMALYST*
QINLOCK
RETEVMO
REVLIMID
ROZLYTREK
RUBRACA
RYDAPT
SPRYCEL
STIVARGA
SUTENT
TABRECTA
TAFINLAR
TAGRISSO*
TALZENNA
TARCEVA
TARGRETIN
TASIGNA
TAZVERIK*
TEMODAR
temozolomide
TEPMETKO*
THALOMID
TIBSOVO*
TUKYSA*
TURALIO*
TYKERB
UKONIQ*
VENCLEXTA*
VERZENIO
VITRAKVI*
VIZIMPRO
VOTRIENT
XALKORI
XELODA
XOSPATA
XTANDI
YONSA
ZEJULA*
ZELBORAF
XPOVIO
ZOKINVY
ZOLINZA
ZYDELIG*
ZYKADIA
ZYTIGA

Cystic Fibrosis

BETHKIS
BRONCHITOL
CAYSTON*
KALYDECO*
KITABIS PAK
ORKAMBI
PULMOZYME
SYMDEKO
TOBI
TOBI PODHALER
tobramycin
TRIKAFTA

Endocrine

BYNFEZIA PEN
FENSOLVI
FORTEO
ISTURISA*
JYNARQUE
LUPANETA PACK
LUPRON DEPOT
MYCAPSSA
NATPARA*
octreotide acetate
SAMSCA
SANDOSTATIN
SIGNIFOR*
SOMAVERT*

Enzyme Deficiencies

BUPHENYL
CARBAGLU*
CERDELGA
CYSTAGON*
GALAFOLD
KUVAN *
miglustat
NITYR*
ORFADIN*
nitisinone
PALYNZIQ
RAVICTI
REVCОВI
sapropterin dihydrochloride
sodium phenylbutyrate
STRENSIQ*
SUCRAID
ZAVESCA*

Growth Hormones

GENOTROPIN
HUMATROPE

(Continued on Page 2)

Key

*Prime Limited Distribution Network

Products flagged as limited distribution may not be available at all network specialty pharmacies

Medical Necessity Determination (MND) Required - Select drugs or drug categories may require MND. If MND is required, it is important that you or your doctor initiate a review as soon as possible. To start your review, please have your doctor fax **1-877-243-6930**.

Dispensing Limits Apply -

Horizon BCBSNJ 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 doctor can request an exception.

HorizonBlue.com

This list of specialty drugs is updated monthly, and is subject to change without notice. Not all listed specialty drugs may be covered under all Horizon benefit plan designs. Please refer to your benefit booklet for detailed coverage information regarding your plan's benefits. If you have any questions regarding whether a specific specialty drug is covered under your benefit plan, contact the Horizon Pharmacy Program at 1-800-370-5088

This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Horizon BCBSNJ or the Blue Cross and Blue Shield Association. The list of drugs subject to Prior Authorization or Quantity Limits is subject to change. Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name, symbols and Making Healthcare Work® are registered marks of Horizon Blue Cross Blue Shield of New Jersey.

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INCRELEX
NORDITROPIN
NUTROPIN AQ
OMNITROPE
SAIZEN
SEROSTIM*
TEV-TROPIN
ZOMACTON
ZORBTVIE

Hematological

icatibant acetate
FIRAZYR
ORLADEYO*

Hemophilia

ADVATE
ADYNOVATE
ALPHANATE VW
ALPHANINE SD
ALPROLIX
BEBULIN
BENEFIX
CORIFACT
ELOCTATE
ESPEROC T
FEIBA
HELIXATE FS
HEMLIBRA
HEMOFIL M
HUMATE-P
IDELVION
IXINITY
JIVI
KOATE
KOGENATE FS
KOVALTRY
MONOCLATE -P
MONONINE
NOVOEIGHT
NUWIQ
OBIZUR
PROFILNINE
REBINYN
RECOMBINATE
RIXUBIS
TRETEN
WILATE

Hepatitis C

COPEGUS
DAKLINZA
EPCLUSA

HARVONI
INTRON-A
LEDIPASVIR/SOFOSBUVIR
MAVYRET
MODERIBA
OLYSIO
PEGASYS
PEG-INTRON
REBETOL
RIBAPAK
RIBASPHERE
ribavirin
SOFOSBUVIR
/VELPATASVIR
SOVALDI
TECHNIVIE
VIEKIRA
VOSEVI
ZEPATIER

HIV

EGRIFTA
FUZEON

Lung Disorders

ESBRIET
FASENRA
OFEV
NUCALA

Multiple Sclerosis

AMPYRA
AUBAGIO
AVONEX
BAFIERTAM
BETASERON
COPAXONE
dalfampridine
dimethyl fumarate
EXTAVIA
glatiramer acetate
GILENYA
GLATOPA
KESIMPTA
MAVENCLAD
MAYZENT
PLEGRIDY
REBIF
TECFIDERA
VUMERITY
ZEPOSIA

Pulmonary

Hypertension

ADCIRCA
ADEMPAS*
alyq
ambrisentan
LETAIRIS
OPSUMIT*
ORENITRAM*
REVATIO TABLETS AND
ORAL
SUSPENSON
SILDENAFIL CITRATE 20
MG
TABLETS (SUSP IF/WHEN
AVAIL)
tadalafil
TRACLEER
UPTRAVI*

Others

ABILIFY MYCITE*
ACTIMMUNE*
APOKYN *
ARIKAYCE*
AUSTEDO
Bosentan
CHENODAL*
CHOLBAM *
clovique
CYSTADANE
CYSTADROPS*
DARAPRIM*
deferiprone
deferasirox
DIACOMIT
DOJOLVI*
DROXIA
droxidopa
ELIGARD
EMFLAZA
ENDARI
ENSPRYNG
EPIDIOLEX
EVRYSDI*
EXJADE
FERRIPROX*
FINTEPLA*
GOCOVRI
HAEGARDA
HEMADY
IMCIVREE*
INBRIJA
INGREZZA*
JADENU

JUXTAPID*
KORLYM*
KYNAMRO*
leuprolide acetate
LUPKYNIS*
OCALIVA
OXERVATE
PROCYSBI*
NORTHERA
NOURIANZ*
NUPLAZID
NUZYRA
PALFORZIA
RILUTEK
riluzole
SABRIL
SIKLOS
SIRTURO*
SYPRINE
TAKHZYRO
TAVALLISSE
TEGSEDI
TIGLUTIK*
trientine hydrochloride
TYMLOS
VALCHLOR*
VECAMYL*
vigabatrin
VISTOGARD*
VYLEESI
VYNDAQEL
XENAZINE*
XERMELO*
XURIDEN*
XYREM

Sleep Disorder

HETLIOZ
WAKIX*
XYWAV*

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Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com

Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Horizon BCBSNJ does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Information written in other languages

If you need these services, contact Horizon BCBSNJ's Director of Regulatory Compliance at the phone number, fax or email listed below.

If you believe that Horizon BCBSNJ 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:

Horizon BCBSNJ – Director, Regulatory Compliance
Three Penn Plaza East, PP-16C
Newark, NJ 07105
Phone: 1-800-658-6781
Fax: 1-973-466-7759
Email: ComplianceAndEthicsOffice@HorizonBlue.com

You can file a grievance in person, or by mail, fax or email. If you need help filing a grievance, Horizon BCBSNJ's Director of Regulatory Compliance 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:

Office for Civil Rights Headquarters
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 or 1-800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



Horizon Blue Cross Blue Shield of New Jersey

If you need help understanding this Horizon Blue Cross Blue Shield of New Jersey information, you have the right to get help in your language at no cost to you. To talk to an interpreter, please call **1-800-370-5088** during normal business hours.

Spanish (Español): Si necesita ayuda para comprender esta información de Horizon Blue Cross Blue Shield of New Jersey, usted tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, sírvase llamar al **1-800-370-5088** durante el horario normal de trabajo.

Chinese (中文): 如果您需要幫助來理解這份新澤西州地平線藍十字藍盾 (Horizon Blue Cross Blue Shield of New Jersey) 資料，您有權免費獲得以您的語言提供的協助。欲聯絡翻譯人員，請於上班時間致電 **1-800-370-5088**。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역사의 도움을 받으려면 정상 업무 시간 동안에 **1-800-370-5088**로 전화해 주십시오.

Portuguese (Português): Se precisar de ajuda para entender estas informações da Horizon Blue Cross Blue Shield of New Jersey, você tem o direito de receber gratuitamente assistência no seu idioma. Para falar com um intérprete, ligue para: **1-800-370-5088** no horário normal de trabalho.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ ક્રોસ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વગર મદદ મેળવવાનો અધિકાર છે. કોઈ દુભાષિયા સાથે વાત કરવા, કૃપા કરીને સામાન્ય બિઝનેસ ક્લાકો દરમિયાન **1-800-370-5088** પર ફોન કરો.

Polish (Polski): Jeżeli potrzebujesz pomocy, aby zrozumieć informacje planu Horizon Blue Cross Blue Shield of New Jersey, masz prawo poprosić o bezpłatną pomoc w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer **1-800-370-5088** podczas normalnych godzin pracy.

Italian (Italiano): Se vi serve aiuto per capire queste informazioni della Horizon Blue Cross Blue Shield of New Jersey, avete diritto ad assistenza gratis nella vostra lingua. Per parlare con un interprete, siete pregati di telefonare al numero **1-800-370-5088** durante le normali ore d'ufficio.

Tagalog (Tagalog): Kung kailangan mo ng tulong sa pag-unawa nitong impormasyon ng Horizon Blue Cross Blue Shield of New Jersey, may karapatan kang humingi ng tulong sa iyong wika nang walang gastos sa iyo. Upang makipag-usap sa isang taga-interpret, mangyaring tumawag sa **1-800-370-5088** sa loob ng karaniwang mga oras ng negosyo.

Russian (Русский язык): Если вам необходима помощь в разъяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Для связи с переводчиком звоните по номеру телефона **1-800-370-5088** в обычные рабочие часы.

Haitian Creole (Kreyòl ayisyen): Si ou bezwen èd pou konprann enfòmasyon sou Horizon Blue Cross Blue Shield of New Jersey, ou gen dwa pou jwenn èd nan lang natifnatal ou gratis. Pou pale avèk yon entèprèt, tanpri rele nimewo **1-800-370-5088** pandan lè nòminal biznis.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइजन ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की जरूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिए से बात करने के लिए, कृपया सामान्य कार्य समय के दौरान **1-800-370-5088** पर कॉल करें।

Vietnamese (Tiếng Việt): Nếu cần được giúp đỡ để hiểu rõ thông tin này của Horizon Blue Cross Blue Shield of New Jersey, quý vị có quyền được giúp đỡ bằng ngôn ngữ của mình miễn phí. Xin gọi số **1-800-370-5088** trong giờ làm việc để nói chuyện với người thông dịch.

French (Français): Si vous avez besoin d'assistance pour comprendre ces informations au sujet de Horizon Blue Cross Blue Shield of New Jersey, vous avez le droit d'obtenir de l'aide dans votre langue, sans aucun frais. Pour parler avec un interprète, veuillez appeler le **1-800-370-5088** pendant les heures normales de bureau.

Navajo (Diné): Díí New Jersey bíł hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitííh bee shiká' a'doowoł nínízingo éí bee ná'ahoot'i' dóó doo bááq ílíní da. Ata' halne'é ła' bich'i' hadeesdzih nínízingo t'áá shóqdí **1-800-370-5088**jí' nida'anishgo oolkiíí bik'ehgo hodíílnih.

Arabic (عربي): إذا كنت بحاجة إلى المساعدة في فهم معلومات Horizon Blue Cross Blue Shield of New Jersey، لديك الحق في الحصول على المساعدة بلغتك دون تحميلك أية تكلفة. للتكلم مع مترجم، يرجى الاتصال خلال ساعات العمل العادية بالرقم **1-800-370-5088**.

Urdu (اردو): اگر آپ کو نیوجرسی انفارمیشن کے اس آسمانی نیلے رنگ والے تیز نیلے رنگ والے شیلڈ کو سمجھنے میں مدد کی ضرورت ہے تو، آپ کو اپنی زبان میں بغیر کسی خرچ کے مدد حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، براہ کرم، معمول کے کاروباری اوقات میں **1-800-370-5088** پر کال کریں۔