MEDICA

Specialty Drug List

Anemia

Aranesp
Epogen
Procrit

Cystic Fibrosis

Pulmozyme
Tobi

Growth Hormone

Prior Authorization Required For All Drugs in This Category

Genotropin
Humatrope
Increlex
Iplex
Norditropin
Norditropin Nordiflex
Nutropin
Nutropin AQ
Nutropin Depot
Saizen
Serostim
Tev-Tropin
Zorbtive

Hepatitis

Copegus
Infergen
Intron A
Pegasys
Peg-Intron
Rebetol Solution

Hepatitis – cont.

Rebetron
Ribasphere
Ribavirin
Roferon-A

Infertility

FORMULARY

Cetrotide
Chorionic Gonadotropin
Follistim AQ
Gonal-F
Novarel
Repronex

NON-FORMULARY

Bravelle
Fertinex
Ganirelix Acetate
Luveris
Menopur
Ovidrel
Pregnyl
Profasi

Multiple Sclerosis

Avonex
Betaseron
Copaxone
Rebif

Neutropenia

Leukine
Neulasta
Neumega
Neupogen

Miscellaneous

FORMULARY

Actimmune
Alferon N
Apokyn **Prior Auth Required**
Forteo **Prior Auth Required**
Fuzeon **Prior Auth Required**
Leuprolide
Lupron Depot
Revlimid
Synarel
Thalomid
Tracleer
Xolair **Prior Auth Required**

NON-FORMULARY

Lupron
Somavert
Trelstar
Trelstar LA

Psoriasis and/or Rheumatoid Arthritis

Prior Authorization Required For All Drugs in This Category

Amevive
Enbrel
Humira
Kineret
Raptiva

Prior authorization may be required to obtain coverage for select drugs on this list. Generic drugs will be dispensed when available. Brand name drugs may be subject to the non-formulary benefit if the generic becomes available.
Select drugs on this list may be excluded under your specific plan design. Please refer to your coverage document to determine specific benefit levels. If you have questions, please call the Medica Customer Service number listed on the back of your ID card. This list is subject to change.