

The drugs included in this listing are available through your specialty medication prescription drug benefit. This list is subject to change and does not dictate nor control decisions regarding appropriate care. As always, you and your health care provider make the final decision on which medication(s) is/are right for you.

Self-administered specialty medications are available through retail and/or the Express Scripts specialty pharmacy provider, Curascript.

If your specialty medication(s) is/are self-administered, contact Express Scripts at 1-866-727-5867 for availability and pricing information through the pharmacy benefit.

The Ohio State University Office of Human Resources (OHR) and Health Plan do not condone members receiving prescriptions from retail, home delivery, and/or specialty pharmacies for subsequent administration by health care providers in outpatient clinics, home health agencies, physician offices, etc. Patient safety and provider liability are compromised with this practice.

If your specialty medication(s) is/are not self-administered, contact NGS at 1-866-442-8257 for availability and pricing information through the medical benefit.

ANTICOAGULANT

Formulary

ARIXTRA
enoxaparin

Non-Formulary

FRAGMIN
INNOHEP
IPRIVASK

REVLIMID
SPRYCEL
SUTENT
TARCEVA
TASIGNA
TEMODAR
THALOMID
THYROGEN⁴
TRELSTAR DEPOT
TRELSTAR LA
TYKERB
VANDETANIB
VOTRIENT
XELODA
XGEVA
ZOLINZA
ZYTIGA

BLOOD CELL DEFICIENCY

Formulary

ARANESP¹
LEUKINE
MOZOBIL
NEULASTA¹
NEUMEGA
NEUPOGEN¹
NPLATE²
PROCRIT¹
PROMACTA²
EPOGEN¹

ENDOCRINE DISORDERS

Formulary

desmopressin
acetate
EGRIFTA
KUVAN²
octreotide acetate
SANDOSTATIN LAR
SOMATULINE DEPOT
SOMAVERT

CANCER

Formulary

AFINITOR
ELIGARD
GLEEVEC
HYCAMTIN
IRESSA
leuprolide acetate
LUPRON DEPOT³
LUPRON DEPOT-PED
methotrexate,
injectable
NEXAVAR
OFORTA
ONCASPAR

ENZYME DEFICIENCIES

Formulary

ADAGEN
CARBAGLU
ORFADIN
SUCRAID
XIAFLEX
ZAVESCA

GROWTH DEFICIENCY

Formulary

GENOTROPIN¹
INCRELEX¹
NUTROPIN¹
SEROSTIM¹

Non-Formulary

HUMATROPE¹
NORDITROPIN¹
OMNITROPE¹
SAIZEN¹
TEV-TROPIN¹
ZORBTIVE¹

HEPATITIS C

Formulary

INCIVEK
INFERGEN
PEGASYS¹
PEGINTRON¹
ribapak
ribasphere
ribavirin
SYLATRON
VICTRELIS

IMMUNE DEFICIENCY

Formulary

FUZEON

INFERTILITY

Formulary

CETROTIDE²
chorionic
gonadotropin²
GANIRELIX

ACETATE²
GONAL-F²
GONAL-F RFF²
MENOPUR²
novarel²
progesterone²
Non-Formulary
BRAVELLE²
FOLLISTIM AQ²
LUVERIS²
OVIDREL²
PREGNYL²
REPRONEX²

INFLAMMATORY CONDITIONS

Formulary

ACTEMRA
AMEVIVE
BENLYSTA
ENBREL¹
HUMIRA¹
KINERET¹
KRYSTEXXA
ORENCIA
REMICADE

INFLAMMATORY CONDITIONS, cont'd

Non-Formulary

CIMZIA¹
SIMPONI¹
STELARA¹

MISC. SPECIALTY CONDITIONS

Formulary

8-MOP
APOKYN
ARCALYST²
CHENODAL²
CINRYZE
CYSTAGON
ILARIS²
KALBITOR²
RILUTEK
SABRIL
SOLIRIS
XENAZINE²
XYREM

Non-Formulary

BERINERT
BOTOX²
DYSPORT²
MYOBLOC²
MUGARDONSOLIS
PANRETIN
QUTENZA
VIVITROL
XEOMIN²
XIAFLEX

MULTIPLE SCLEROSIS

Formulary

ACTHAR H.P.
AMPYRA²
AVONEX¹
BETASERON¹
COPAXONE¹
GILENYA
REBIF¹
TYSABRI

Non-Formulary

EXTAVIA¹

OSTEOARTHRITIS

Formulary

EUFLEXXA
ORTHOVISC

Non-Formulary

HYALGAN
SUPARTZ
SYNVISC

OSTEOPOROSIS

Formulary

FORTEO¹

Non-Formulary

PROLIA

PULMONARY HYPERTENSION

Formulary

ADCIRCA¹
LETAIRIS¹
REVATIO¹
TRACLEER¹
TYVASO¹
VENTAVIS¹

RESPIRATORY CONDITIONS

Formulary

CAYSTON
PULMOZYME
TOBI
XOLAIR¹

RSV PREVENTION

Formulary

SYNAGIS¹

KEY

Brand-name drugs are listed in CAPITAL letters.

Generic drugs are listed in lowercase letters.

¹ Your healthcare provider must call Express Scripts at 1-888-468-5539 to obtain prior authorization.

² Your healthcare provider must call OSU Health Plan at (614) 292-4700 or 1-800-678-6269 to obtain prior authorization.

³ Only certain strengths and dosage forms.

⁴ If being used as a diagnostic agent, your healthcare provider must call OSU Health Plan at (614) 292-4700 or 1-800-678-6269.

Contact OSU Health Plan with any other questions or concerns.