



Federal Employee Program.



2019 Service Benefit Plan Standard Option Specialty Drug List

If you are a member or health care provider and have questions, please call 1-888-346-3731, or visit fepblue.org/pharmacy.

Specialty drugs are prescribed to treat people with complex conditions such as multiple sclerosis, hemophilia, hepatitis C and rheumatoid arthritis. These high cost drugs also have one or more of the following traits: they are injected or infused (but some may be taken by mouth); they have unique storage or shipment needs; more education and support is needed to help patients use the drugs properly, and they are usually not stocked at retail pharmacies.

This list of specialty drugs is updated and is subject to change. Changes may appear prior to their effective date. For drug-specific coverage information, please call the number listed above Monday-Friday from 7 a.m. to 9 p.m., or Saturday/Sunday from 8 a.m. to 6:30 p.m. ET.

Please Note: The self-injectable formulation of the drugs with an asterisk are only covered under the pharmacy benefit.

A	ALPHANATE	AZEDRA (PA)^
Abiraterone (PA)	ALPHANINE SD	B
ABRAXANE	ALPROLIX	BALVERSA (PA) ¹
ACTEMRA (PA)	ALUNBRIG (PA) ¹	BARACLUDE
ACTHAR (PA)	Alyq (PA)	BAVENCIO (PA) ¹
ACTIMMUNE (PA)*	Ambrisentan (PA)	BEBULIN
ADAGEN	AMPYRA (PA)	BELEODAQ (PA)
ADCETRIS (PA)	ANDEXXA^	BELRAPZO (PA)
ADCIRCA (PA)	APLIGRAF^	BENDAMUSTINE (PA)
Adefovir	APOKYN* ¹	BENDEKA (PA)
ADEMPAS (PA) ¹	ARALAST NP (PA)	BENEFIX
Adriamycin	ARANESP (PA)	BENLYSTA (PA)
Adrucil	ARCALYST (PA)* ¹	BERINERT (PA)
ADVATE	ARIKAYCE (PA) ¹	BESPONSA (PA) ¹
ADYNOVATE	ARRANON	BETASERON (PA)*
AFINITOR (PA)	Arsenic Trioxide	BETHKIS
AFSTYLA	ARZERRA (PA)	Bexarotene (PA)
ALDURAZYME (PA)	AUBAGIO (PA)	BICNU
ALECENSA (PA)	AUSTEDO (PA)	BIVIGAM (PA)
ALFERON N (PA) ¹	AVASTIN (PA)	Bleomycin
ALIMTA	AVEED (PA)	BLINCYTO (PA) ¹
ALIQOPA (PA)^	AVONEX (PA)*	BORTEZOMIB (PA)
ALKERAN	Azacitidine	Bosentan (PA)

(PA) – Requires Prior Authorization	Bold Lower Case - Generic Drug	^ - Covered under Medical Benefit Only
UPPER CASE - Brand Name Drug	* - Covered under Pharmacy Benefit Only	¹ - Limited Distribution Drugs

BOSULIF (PA)	CYTOGAM	Epoprostenol Sterile Diluent¹
BOTOX (PA)	CYTOVENE	ERBITUX (PA)
BRAFTOVI (PA) ¹	D	ERIVEDGE (PA)
BRINEURA (PA) [^]	Dacarbazine	ERLEADA (PA)
BUPHENYL (PA)	DACOGEN	Erlotinib (PA)
C	Dactinomycin	ERWINAZE (PA) ¹
CABLIVI (PA) ¹	Dalfampridine Er (PA)	ESBRIET (PA)
CABOMETYX (PA)	DARZALEX (PA)	ETHYOL
CALQUENCE (PA) ¹	Daunorubicin	ETOPOPHOS
CAMPTOSAR	DAURISMO (PA)	Etoposide
Capecitabine	Decitabine	EUFLEXXA (PA)
CAPRELSA (PA) ¹	Deferasirox (PA)	EVENITY (PA)
CARBAGLU (PA) ¹	Deferoxamine	EVOMELA (PA)
Carboplatin	DESFERAL	EXJADE (PA)
Carmustine	Dexrazoxane	EXONDYS 51 (PA) ¹
CAYSTON	DEXYCU [^]	EXTAVIA (PA)*
CEPROTIN (PA)	DIACOMIT (PA) ¹	EYLEA (PA)
CERDELGA (PA)	Docetaxel	F
CEREZYME (PA)	Dofetilide	FABRAZYME (PA)
CETROTIDE (PA)	DOPTELET (PA) ¹	FARYDAK (PA)
CHOLBAM (PA) ¹	DOXIL	FASENRA (PA)
CHORIONIC GONADOTROPIN (PA)	Doxorubicin	FASENRA PEN (PA)
CIMZIA (PA)	Doxorubicin Hydrochloride Liposome	FASLODEX
Cinacalcet (PA)	DSUVIA (PA) [^]	FEIBA
CINQAIR (PA)	DUPIXENT (PA)	FERRIPROX (PA) ¹
CINRYZE (PA) ¹	DUROLANE (PA)	FIBRYGA ¹
Cisplatin	DYSPORT (PA)	FIRAZYR (PA)*
Cladribine	E	FIRDAPSE (PA) ¹
Clofarabine	EGRIFTA (PA)	FIRMAGON (PA)
CLOLAR	ELAPRASE (PA)	FLEBOGAMMA (PA)
COAGADEX ¹	ELELYSO (PA) ¹	FLOLAN (PA) ¹
COMETRIQ (PA) ¹	ELIGARD (PA)	FLOLAN STERILE DILUENT ¹
COPAXONE (PA)*	ELITEK	Floxuridine
COPIKTRA (PA) ¹	ELLENC	Fludarabine
CORIFACT	ELOCTATE	Fluorouracil
COSENTYX (PA)	ELZONRIS (PA) [^]	FOLLISTIM AQ (PA)
COSMEGEN	EMFLAZA (PA) ¹	FOLOTYN
COTELLIC (PA)	EMPLICITI (PA)	FORTEO (PA)*
CRYSVITA (PA) ¹	ENBREL (PA)*	FULPHILA (PA)
CUTAQUIG (PA) ¹	ENDARI (PA) ¹	Fulvestrant
CUVITRU (PA) ¹	Entecavir	FUSILEV
Cyclophosphamide	ENTYVIO (PA)	FUZEON*
CYRAMZA (PA)	EPCLUSA (PA)	G
CYSTADANE ¹	EPIDIOLEX (PA)	GALAFOLD (PA)
CYSTAGON ¹	Epirubicin	GAMASTAN (PA)
CYSTARAN	EPOGEN (PA)	GAMASTAN S/D (PA)
Cytarabine	Epoprostenol (PA)¹	GAMIFANT (PA) ¹

(PA) – Requires Prior Authorization
UPPER CASE - Brand Name Drug

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GAMMAGARD (PA)	IDAMYCIN	KORLYM (PA) ¹
GAMMAKED (PA)	Idarubicin	KOVALTRY
GAMMAPLEX (PA)	IDELVION	KRYSTEXXA (PA)
GAMUNEX-C (PA)	IDHIFA (PA)	KUVAN (PA)
Ganciclovir	IFEX	KYLEENA
Ganirelix (PA)	Ifosfamide	KYMRIAH (PA) [^]
GATTEX (PA) ¹	ILARIS (PA)	KYPROLIS (PA)
GAZYVA (PA)	ILUMYA (PA)	L
GEL-ONE (PA)	Imatinib (PA)	LARTRUVO (PA) ¹
GELSYN-3 (PA)	IMBRUVICA (PA) ¹	LEDIPASVIR/SOFOSBUVIR(P A)
Gemcitabine	IMFINZI (PA) ¹	LEMTRADA (PA)
GENOTROPIN (PA)*	IMLYGIC (PA)	LENVIMA (PA) ¹
GENVISC 850 (PA)	INBRIJA (PA)	LETAIRIS (PA)
GILENYA (PA)	INCRELEX (PA)*	LEUKINE (PA)
GILOTRIF (PA) ¹	INFLECTRA (PA) [^]	Leuprolide (PA)
GLASSIA (PA)	INGREZZA (PA) ¹	Levoleucovorin
Glatiramer (PA)*	INLYTA (PA)	LIBTAYO (PA)
Glatopa (PA)*	INREBIC (PA)	LILETTA ¹
GLEEVEC (PA)	INTRON A (PA)	Lipodox
GONAL-F (PA)	IRESSA (PA) ¹	LONSURF (PA)
GRANIX (PA)	Irinotecan	LORBRENA (PA)
H	ISTODAX (PA)	LUCENTIS (PA)
HAEGARDA (PA)	IXEMPRA	LUMIZYME (PA)
HALAVEN (PA)	IXINITY	LUMOXITI (PA) ¹
HARVONI (PA)	J	LUPANETA
HEMLIBRA	JADENU (PA)	LUPRON DEPOT (PA)
HEMOFIL M	JAKAFI (PA)	LUTATHERA (PA) [^]
HEPAGAM B	JETREA (PA)	LUXTURNA (PA) [^]
HEPSERA	JEVTANA (PA)	LYNPARZA (PA) ¹
HERCEPTIN HYLECTA (PA)	JIVI	M
HERCEPTIN/HERCEPTIN	JUXTAPID (PA) ¹	MACRILEN [^]
HYLECTA (PA)	JYNARQUE (PA)	MACUGEN (PA)
HETLIOZ (PA) ¹	K	MAKENA
HIZENTRA (PA)	KADCYLA (PA)	MARQIBO (PA) ¹
HUMATE-P	KALBITOR (PA) ¹	MATULANE
HUMATROPE (PA)*	KALYDECO (PA)	MAVENCLAD (PA)
HUMIRA (PA)*	KANJINTI (PA)	MAVYRET (PA)
HYALGAN (PA)	KANUMA (PA)	MAYZENT (PA)
HYCAMTIN	KEPIVANCE (PA)	MEKINIST (PA)
Hydroxyprogesterone	KEVZARA (PA)	MEKTOVI (PA) ¹
HYMOVIS (PA)	KEYTRUDA (PA)	Melphalan
HYPERHEP B S/D	KHAPZORY	MENOPUR (PA)
HYPERRHO S/D	KINERET (PA) ¹	MEPSEVII (PA) ¹
HYQVIA (PA)	KISQALI (PA)	Mesna
I	KITABIS	MESNEX
IBRANCE (PA)	KOATE	MICRHOGAM
Icatibant (PA)	KOGENATE FS	Miglustat (PA)
ICLUSIG (PA) ¹		

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MIRCERA (PA) ¹	OFEV (PA)	PROPEL CONTOUR (PA) [^]
MIRENA	OLUMIANT (PA)	PROPEL MINI (PA) [^]
Mitomycin	OMNITROPE (PA)*	PROVENGE (PA) [^]
Mitoxantrone	ONCASPAR (PA)	PULMOZYME (PA)
Moderiba (PA)	ONIVYDE (PA) ¹	PURIXAN
MONONINE	ONPATTRO (PA) ^{^1}	R
MONOVISC (PA)	OPDIVO (PA)	RADICAVA (PA)
MOZOBIL	OPSUMIT (PA) ¹	RAVICTI (PA)
MULPLETA (PA)	ORALAIR (PA)	REBIF (PA)*
Mutamycin	ORENCIA (PA)	REBINYN
MVASI (PA)	ORENITRAM (PA) ¹	RECLAST
MYALEPT (PA) ¹	ORFADIN ¹	RECOMBINATE
MYLOTARG (PA) ¹	ORKAMBI (PA)	REMICADE (PA) [^]
MYOBLOC (PA)	ORTHOVISC (PA)	REMODULIN (PA) ¹
N	OTEZLA (PA)	RENFLEXIS (PA) [^]
NABI-HB	OVIDREL (PA)	REPATHA (PA)
NAGLAZYME (PA)	Oxaliplatin	RETACRIT (PA)
NATPARA (PA)	OXERVATE (PA) ¹	REVATIO (PA)
NAVELBINE	P	REVCOVI (PA)
NERLYNX (PA) ¹	Paclitaxel	REVLIMID (PA)
NEULASTA (PA)	PALYNZIQ (PA) ¹	RHOGAM
NEUPOGEN (PA)	Pamidronate	RHOPHYLAC
NEXAVAR (PA)	PANZYGA (PA)	RIASTAP
NEXPLANON	PARSABIV (PA)	Ribasphere (PA)
NINLARO (PA)	PEGASYS (PA)	Ribavirin (PA)
NIPENT	PEG-INTRON (PA)	RINVOQ (PA)
Nitisinone	PERJETA (PA)	RITUXAN (PA)
NITYR ¹	PHOTOFRIN [^]	RITUXAN HYCELA (PA)
NIVESTYM (PA)	PIQRAY (PA)	RIXUBIS
NORDITROPIN (PA)*	PLEGRIDY (PA)	ROMIDEPSIN (PA)
NORTHERA (PA)	POLIVY (PA)	ROZLYTREK (PA)
NOVAREL (PA)	POMALYST (PA)	RUBRACA (PA) ¹
NOVOEIGHT	PORTRAZZA (PA)	RUCONEST (PA)
NOVOSEVEN	POTELIGEO (PA) ¹	RUZURGI (PA) ¹
NPLATE (PA)	PRALUENT (PA)	RYDAPT (PA)
NUBEQA (PA)	PREGNYL (PA)	S
NUCALA (PA)	PREVYMIS (PA)	SABRIL (PA)
NULOJIX	PRIALT	SAIZEN (PA)*
NUPLAZID (PA)	PRIVIGEN (PA)	SAMSCA (PA)
NUTROPIN AQ (PA)*	PROCRIT (PA)	SANDOSTATIN
NUWIQ	PROCYSBI (PA) ¹	SANDOSTATIN LAR (PA)
O	PROFILNINE	SENSIPAR (PA)
OCALIVA (PA)	PROLASTIN-C (PA) ¹	SEROSTIM (PA)*
OCREVUS (PA)	PROLEUKIN	SIGNIFOR (PA) ¹
OCTAGAM (PA)	PROLIA (PA)	SIKLOS (PA)
Octreotide	PROMACTA (PA)	Sildenafil (PA)
ODOMZO (PA)	PROPEL (PA) [^]	SILIQ (PA)

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Standard Option Specialty Drug List - Form 4220 FEP-SO 02006554-A Effective 12/2019 Revised 11/2019

SIMPONI ARIA IV (PA)	Tetrabenazine (PA)	VIMIZIM (PA)
SIMPONI SC (PA)	THALOMID	VINBLASTINE
SINUVA (PA)^	Thiotepa	Vincasar
SKYLA	THYROGEN	VINCRISTINE
SKYRIZI (PA)	TIBSOVO (PA) ¹	Vinorelbine
Sodium Phenylbutyrate (PA)	TICE BCG	VISCO-3 (PA)
SOFOSBUVIR/VELPATASVIR(PA)	TIKOSYN	VISUDYNE
SOLESTA	TOBI	VITRAKVI (PA) ¹
SOLIRIS (PA)	Tobramycin	VIVITROL
SOMATULINE DEPOT (PA)	Toposar	VIZIMPRO (PA)
SOMAVERT	Topotecan	VONVENDI
SOVALDI (PA)	TORISEL	VORAXAZE
SPINRAZA (PA)^	TOTECT	VOSEVI (PA)
SPRYCEL (PA)	TRACLEER (PA)	VOTRIENT (PA)
STELARA IV (PA)	TREANDA (PA)	VPRIV (PA)
STELARA SC (PA)*	TRELSTAR (PA)	VYNDAMAX (PA)
STIMATE	TREMFYA (PA)	VYNDAQEL (PA)
STIVARGA (PA)	Treprostinil (PA)¹	W
STRENSIQ (PA) ¹	TRETEN	WILATE
SUBLOCADE (PA)	TRIPTODUR (PA) ¹	WINRHO SDF
SUPARTZ FX (PA)	TRISENOX	X
SUPPRELIN LA (PA)	TROGARZO (PA)	XALKORI (PA)
SUTENT (PA)	TURALIO (PA) ¹	XELJANZ (PA)
SYMDEKO (PA)	TYKERB (PA)	XELJANZ XR (PA)
SYNAGIS (PA)	TYMLOS (PA)	XELODA
SYNRIBO (PA) ¹	TYSABRI (PA)	XENAZINE (PA)
SYNVISC (PA)	TYVASO (PA) ¹	XEOMIN (PA)
T	U	XERAVA^
Tadalafil (PA)	UDENYCA (PA)	XERMELO (PA) ¹
TAFINLAR (PA)	ULTOMIRIS (PA)	XGEVA (PA)
TAGRISSE (PA) ¹	UPTRAVI (PA) ¹	XIAFLEX (PA) ¹
TAKHZYRO (PA) ¹	V	XOLAIR (PA)
TALTZ (PA)	VALCHLOR (PA) ¹	XOSPATA (PA) ¹
TALZENNA (PA)	Valrubicin	XPOVIO (PA) ¹
TARCEVA (PA)	VALSTAR	XTANDI (PA)
TARGRETIN (PA)	VANTAS (PA)	XYNTHA
TASIGNA (PA)	VARIZIG	Y
TAVALISSE (PA) ¹	VECTIBIX (PA)	YERVOY (PA)
TAXOTERE	VELCADE (PA)	YESCARTA (PA)^
TECENTRIQ (PA)	VELETRI (PA) ¹	YONDELIS (PA)
TECFIDERA (PA)	VEMLIDY	YONSA (PA)
TEGSEDI (PA) ¹	VENCLEXTA (PA) ¹	YUTIQ ¹
TEMODAR	VENTAVIS (PA) ¹	Z
Temozolomide	VERZENIO (PA)	ZALTRAP (PA)
Temsirolimus	VIDAZA	ZANOSAR
TEPADINA	Vigabatrin (PA)	ZARXIO (PA)
TESTOPEL (PA)	Vigadrone (PA)¹	ZAVESCA (PA) ¹

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UPPER CASE - Brand Name Drug	* - Covered under Pharmacy Benefit Only	¹ - Limited Distribution Drugs

ZEJULA (PA)¹
 ZELBORAF (PA)
 ZEMAIRA (PA)¹
 ZEPATIER (PA)
 ZILRETTA (PA)[^]
 ZINECARD
 ZOLADEX (PA)
Zoledronic Acid
 ZOLGENSMA (PA)[^]
 ZOLINZA (PA)
 ZOMACTON (PA)
 ZORBTIVE (PA)^{*}
 ZORTRESS
 ZULRESSO (PA)[^]
 ZYDELIG (PA)¹
 ZYKADIA (PA)
 ZYTIGA (PA)

(PA) – Requires Prior Authorization UPPER CASE - Brand Name Drug	Bold Lower Case - Generic Drug * - Covered under Pharmacy Benefit Only	[^] - Covered under Medical Benefit Only ¹ - Limited Distribution Drugs
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Federal Employee Program.



2019 Limited Distribution Drug List

Limited Distribution Drugs (LDD): In some cases, a manufacturer may limit the number of pharmacies it allows to carry (or distribute) a Limited Distribution Drug. Or sometimes a condition of the Food and Drug Administration’s (FDA) drug approval process may require a drug to be in the LDD category.

Limited distribution helps the manufacturer carefully keep track of drugs that have special dosing or lab monitoring requirements, or that need to be followed very closely to ensure that any risks that are associated with the LDD are minimized.

You may get the Limited Distribution Drugs listed below through a specific Preferred retail pharmacy with the Specialty Drug Pharmacy Program copayments under the Standard Option and Basic Option. Please contact the Specialty Pharmacy Program at 1-888-346-3731 for assistance with finding the appropriate pharmacy.

A	CUTAQUIG	GILOTRIF
ADEMPAS	CUVITRU	H
ALFERON N	CYSTADANE	HETLIOZ
ALUNBRIG	CYSTAGON	I
APOKYN	D	ICLUSIG
ARCALYST	DIACOMIT	IMBRUVICA
ARIKAYCE	DOPTELET	IMFINZI
B	E	INGREZZA
BALVERSA	ELELYSO	IRESSA
BAVENCIO	EMFLAZA	J
BESPONSA	ENDARI	JUXTAPID
BLINCYTO	EPOPROSTENOL	K
BRAFTOVI	EPOPROSTENOL STERILE	KALBITOR
C	DILUENT	KINERET
CABLIVI	ERWINAZE	KORLYM
CALQUENCE	EXONDYS 51	L
CAPRELSA	F	LARTRUVO
CARBAGLU	FERRIPROX	LENVIMA 4 MG DAILY DOSE
CHOLBAM	FIBRYGA	LENVIMA 8 MG DAILY DOSE
CINRYZE	FIRDAPSE	LENVIMA 10 MG DAILY DOSE
COAGADEX	FLOLAN	LENVIMA 12MG DAILY DOSE
COMETRIQ	FLOLAN STERILE DILUENT	LENVIMA 14 MG DAILY DOSE
COPIKTRA	G	LENVIMA 18 MG DAILY DOSE
CRYSVITA	GAMIFANT	LENVIMA 20 MG DAILY DOSE
	GATTEX	

(PA) – Requires Prior Authorization	Bold Lower Case - Generic Drug	^ - Covered under Medical Benefit Only
UPPER CASE - Brand Name Drug	* - Covered under Pharmacy Benefit Only	† - Limited Distribution Drugs

LENVIMA 24 MG DAILY DOSE	U
LILETTA	UPTRAVI
LUMOXITI	V
LYNPARZA	VALCHLOR
M	VELETRI
MARQIBO	VENCLEXTA
MEKTOVI	VENCLEXTA STARTING PACK
MEPSEVII	VENTAVIS
MIRCERA	VIGADRONE
MYALEPT	VITRAKVI
MYLOTARG	X
N	XERMELO
NERLYNX	XIAFLEX
NITYR	XOSPATA
O	XPOVIO 60 MG ONCE WEEKLY
ONIVYDE	XPOVIO 80 MG ONCE WEEKLY
ONPATTRO	XPOVIO 80 MG TWICE
OPSUMIT	WEEKLY
ORENITRAM	XPOVIO 100 MG ONCE
ORFADIN	WEEKLY
OXERVATE	Y
P	YUTIQ
PALYNZIQ	Z
POTELIGEO	ZAVESCA
PROCYSBI	ZEJULA
PROLASTIN-C	ZEMAIRA
R	ZYDELIG
REMODULIN	
RUBRACA	
RUZURGI	
S	
SIGNIFOR	
SIGNIFOR LAR	
STRENSIQ	
SYNRIBO	
T	
TAGRISSE	
TAKHZYRO	
TAVALISSE	
TEGSEDI	
TIBSOVO	
TREPROSTINIL	
TRIPTODUR	
TURALIO	
TYVASO	
TYVASO REFILL	
TYVASO STARTER	

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