

Specialty medications by therapeutic class

Therapeutic class	Drug name	Tier
Anemia	Aranesp	2
	Epogen	2
	Procrit	2
Diagnostic	Geref Diagnostic	3
Endocrine	Acthar H.P.	3
	Sandostatin	2
	Somatuline Depot	3
	Somavert	3
Growth Hormone Deficiency	Genotropin	3
	Geref	3
	Humatrope	3
	Increlex	2
	Iplex	3
	Norditropin	3
	Norditropin Nordiflex	3
	Nutropin	2
	Nutropin AQ	2
	Nutropin Depot	2
	Omnitrope	4
	Omnitrope Pen 5	4
	Saizen	2
	Serostim	2
	Tev-Tropin	2
	Zorbtive	3
	Hemophilia	Advate
Advate H		2
Advate L		2
Advate M		2
Advate SH		2
Advate UH		2
Alphanate		2
Alphanine SD		2
Autoplex T		2
Bebulin VH Immuno		2
Benefix		2
Feiba VH Immuno		2
Genarc		2
Helixate FS		2
Hemofil M		2
Humate-P		2
Hyate:c		2
Koate-DVI		2
Kogenate FS		2
Konyne 80		2
Monoclate-P		2
Mononine		2
Novoseven		2

Therapeutic class	Drug name	Tier
Hemophilia (continued)	Novoseven Rt	2
	Profilnine Sd	2
	Proplex T	2
	Recombinate	2
	Refacto	2
	Xyntha	2
Hepatitis C	Infergen	3
	Intron A	3
	Pegasys	2
	Pegintron	2
	Pegintron Redipen	2
	Rebetron 1000	3
	Rebetron 1200	3
Rebetron 600	3	
Roferon-A	3	
HIV/AIDS	Fuzeon	2
Immune Modulator	Actimmune	2
Infertility	Bravelle	3
	Cetrotide	2
	Chorionic Gonadotropin	1
	Follistim	3
	Follistim Aq	3
	Follistim/Antagon	3
	Ganirelix Acetate	3
	Gonal-F	2
	Gonal-F Rff	2
	Luveris	2
	Menopur	3
	Novarel	3
	Ovidrel	3
	Pregnyl	2
Repronex	3	
Multiple Sclerosis	Avonex	2
	Avonex Administration Pack	2
	Betaseron	2
	Copaxone	2
	Rebif	3
Neutropenia	Leukine	2
	Neulasta	3
	Neupogen	2
Osteoporosis	Forteo	2
Rheumatoid Arthritis	Enbrel	3
	Humira	3
	Kineret	3
	Simponi	3
Thrombocytopenia Prevention	Neumega	2

Please refer to your benefit plan materials provided by your employer or health plan to determine which medications may be covered under your plan and to determine coverage limitations.

Some of these medications may be subject to notification, step therapy, or supply limit program requirements. To learn more about these requirements or about your pharmacy benefit, visit www.myuhc.com or call the Customer Care telephone number on your member ID card.

Specialty medications by tier

Tier	Drug name	Therapeutic class
1	Chorionic Gonadotropin	Infertility
2	Actimmune	Immune Modulator
	Advate	Hemophilia
	Advate H	
	Advate L	
	Advate M	
	Advate SH	
	Advate UH	
	Alphanate	
	Alphanine SD	
	Aranesp	
	Autoplex T	Hemophilia
	Avonex	Multiple Sclerosis
	Avonex Administration Pack	
	Bebulin VH Immuno	Hemophilia
	Benefix	Multiple Sclerosis
	Betaseron	
	Cetrotide	Infertility
	Copaxone	Multiple Sclerosis
	Epogen	Anemia
	Feiba VH Immuno	Hemophilia
	Forteo	Osteoporosis
	Fuzeon	HIV/AIDS
	Genarc	Hemophilia
	Gonal-F	Infertility
	Gonal-F RFF	Infertility
	Helixate FS	Hemophilia
	Hemofil M	
	Humate-P	
	Hyate:c	
	Increlex	Growth Hormone Deficiency
	Koate-DVI	Hemophilia
	Kogenate FS	
	Konyne 80	
	Leukine	Neutropenia
	Luveris	Infertility
	Monarc-M	Hemophilia
Monoclata-P		
Mononine	Thrombocytopenia Prevention	
Neumega		
Neupogen	Neutropenia	
Novoseven	Hemophilia	
Novoseven RT		
Nutropin	Growth Hormone Deficiency	
Nutropin AQ	Growth Hormone Deficiency	
Nutropin Depot	Growth Hormone Deficiency	
Pegasys	Hepatitis C	

Tier	Drug name	Therapeutic class
2	Pegintron	Hepatitis C
	Pegintron Redipen	
	Pregnyl	Infertility
	Procrit	Anemia
	Profilnine Sd	Hemophilia
	Proplex T	
	Recombinate	
	Refacto	
	Saizen	Growth Hormone Deficiency
	Sandostatin	Endocrine
	Serostim	Growth Hormone Deficiency
	Tev-Tropin	
	Xyntha	Hemophilia
3	Acthar H.P.	Endocrine
	Bravelle	Infertility
	Enbrel	Rheumatoid Arthritis
	Follistim	Infertility
	Follistim Aq	
	Follistim/Antagon	
	Ganirelix Acetate	
	Genotropin	Growth Hormone Deficiency
	Geref	
	Geref Diagnostic	Diagnostic
	Humatrope	Growth Hormone Deficiency
	Humira	Rheumatoid Arthritis
	Infergen	Hepatitis C
	Intron A	
	Iplex	Growth Hormone Deficiency
	Kineret	Rheumatoid Arthritis
	Menopur	Infertility
	Neulasta	Neutropenia
	Norditropin	Growth Hormone Deficiency
	Norditropin Nordiflex	
	Novarel	Infertility
	Ovidrel	
	Raptiva	Psoriasis
	Rebetron 1000	Hepatitis C
	Rebetron 1200	
	Rebetron 600	
	Rebif	Multiple Sclerosis
	Repronex	Infertility
	Roferon-A	Hepatitis C
	Simponi	Rheumatoid Arthritis
Somatuline Depot	Endocrine	
Somavert		
Zorbtive	Growth Hormone Deficiency	
4	Omnitrope	Growth Hormone Deficiency
	Omnitrope Pen 5	

Please refer to your benefit plan materials provided by your employer or health plan to determine which medications may be covered under your plan and to determine coverage limitations.

Some of these medications may be subject to notification, step therapy, or supply limit program requirements. To learn more about these requirements or about your pharmacy benefit, visit www.myuhc.com or call the Customer Care telephone number on your member ID card.