



# SCOTT AND WHITE HEALTH PLAN

## SPECIALTY FORMULARY

### NOVEMBER 2008

Tier 1 = \$50* / 10%*		Tier 2 = \$100* / 20%*		Tier 3 = \$250* / 30%*		Tier 4 = 50% **	
All Medications Require Prior Authorization		* Refer to Evidence of Coverage for Applicable Copayment					
Abraxane	3	Feiba VH	1	NovoSeven	1	Thalomid	1
Actimmune	3	Femara	1	Nutropin	4	Theracys	1
Advate	1	Flebogamma	3	Nutropin AQ	4	Thrombate	1
Aldurazyme	1	Flolan (generic available)	2	Octagam	3	Thyrogen	1
Alimta	1	Forteo	3	Orencia	3	Tice BCG	1
Alphanate	1	Fragmin	3	Orthoclone	4	Tobi	1
Alphanine SD	1	Gammagard	3	Orthovisc	4	Torisel	3
Amevive	3	Gamunex	1	Pamidronate	1	Tracleer	2
Apokyn	3	Gemzar	1	Pegasys	1	Trelstar Depot	3
Aralast	3	Gengraf	1	PEG-Intron	1	Trelstar LA	3
Aranesp	2	Genotropin	4	Prialt	4	Trisenox	4
Arimidex	1	Gleevec	1	Procrit	2	Tykerb	2
Arixtra	2	Helixate FS	1	Profilinine SD	1	Tysabri	2
Aromasin	2	Hemofil-M	1	Prograf	1	Vantas	2
Atgam	3	Hepsera	2	Prolastin	3	Vectibix	4
Autoplex-T	1	Herceptin	1	Proleukin	2	Velcade	4
Avastin	1	Humate-P	1	Proplex T	1	Ventavis	3
Avonex	1	Humatrope	4	Pulmozyme	3	Vesanoid (generic available)	1
Baraclude	3	Humira	2	Rapamune	2	Viadur	2
Bebulin VH	1	Hyalgan	4	Raptiva	3	Vidaza	2
BeneFix	1	Hycamtin	2	Rebif	4	Visudyne	1
Betaseron	1	IMPLANON IMPLANT	2	Reclast	3	Vivaglobin	3
Bexxar	2	Infergen	3	Recombinate	1	Xeloda	2
Boniva IV Kit	3	Innohep	4	Refacto	1	Xolair	3
Botox	2	Intron A	1	Remicade	2	Zavesca	4
Camptosar (generic available)	1	Iressa	4	Revatio	4	Zemplar IV	1
Carboplatin	1	Kineret	4	Revlimid	1	Zenapax	4
Carimmune	3	Koate-DVI	1	Ribasphere	1	Zoladex	2
Cellcept	1	Kogenate FS	1	Ribavirin	1	Zometa	2
Ceredase	1	Leukine	2	Risperdal Consta	2	Zorbtive	4
Cerezyme	1	Lioresal	4	Rituxan	1		
Copaxone	1	Lovenox	1	Roferon A	3		
Cyclosporine	1	Lucentis	3	Saizen	4		
Cyclosporine modified	1	Lupron Depot	1	Sandostatin (generic available)	1		
Cytogam	3	Macugen	1	Sandostatin/LAR	1		
Dacogen	4	Mitoxantrone	2	Sensipar	4		
Doxil	1	Monarc-M	1	Serostim	4		
Eligard	2	Monoclate P	1	Somavert	2		
Eloxatin	1	Mononine	1	Sprycel	2		
Elspar	1	Myfortic	1	Supartz	4		
Enbrel	2	Myobloc	1	Sutent	1		
Epogen	2	Nabi-HB	3	Synvisc	4		
Erbix	2	Neoral (Generic available)	2	Tarceva	2		
Ethyol (generic available)	1	Neulasta	1	Targretin	2		
Etoposide Oral	1	Neumega	3	Targretin Gel 1%	2		
Euflexxa	4	Neupogen	1	Taxotere	1		
Fabrazyme	1	Nexavar	3	Temodar	1		
Faslodex	2	Norditropin	1	Tev-Tropin	4		

**Medications not listed may be subject to Tier 4 - 50% Copay**

Prescription formularies continually change to reflect the most recent advances in drug therapy. Therefore, this list is not inclusive and does not guarantee coverage. However, it represents an abbreviation of the member's specialty drug coverage.