

Louisiana Healthcare Connections

Specialty Drug Benefit

Louisiana Healthcare Connections provides coverage of a number of specialty drugs. All specialty drugs, such as biopharmaceuticals and injectables, require a prior authorization (PA) to be approved for payment by Louisiana Healthcare Connections. PA requirements are programmed specific to the drug. Since the list of specialty drugs changes over time due to new drug arrivals and other market conditions, it is important to contact Provider Services at 1-866-595-8133 or check the Louisiana Healthcare Connections website at www.LouisianaHealthConnect.com for updates to this benefit.

Requests for specialty drugs can be submitted to Louisiana Healthcare Connections by filling out the **Medication Prior Authorization Form** that is available on the Louisiana Healthcare Connections website at www.LouisianaHealthConnect.com and faxing the request as instructed on the form.

Louisiana Healthcare Connections members can receive the specialty drugs they require at any outpatient pharmacy enrolled in our pharmacy network that can supply specialty drugs. Providers that wish to have drugs distributed by a **SPECIALTY PHARMACY** should **FAX** the request to **1-866-399-0929** for review.

If a provider wishes to dispense a specialty drug from **OFFICE STOCK**, the provider should **FAX** the request to Louisiana Healthcare Connections at **1-877-401-8172** for review.

BRAND NAME	INGREDIENTS	SPECIAL INSTRUCTIONS
ACTEMRA	TOCILIZUMAB	
ACTHAR HP	CORTICOTROPIN	
ACTIMMUNE	INTERFERON GAMMA-1B	
ADAGEN	PEGADEMASE BOVINE	Limited Distribution Product
ADCETRIS	BRENTUXIMAB VEDOTIN	
ADCIRCA	TADALAFIL	
ADVATE	ANTIHEMOPHILIC FACTOR RAHF-PFM	
AFINITOR	EVEROLIMUS	
ALDURAZYME	LARONIDASE	
ALFERON N	INTERFERON ALFA-n3	
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	ANTIHEMOPHILIC FACTOR/VWF CMLPX (HUMAN)	
ALPHANINE SD	COAGULATION FACTOR IX	
AMEVIVE	ALEFACEPT	
AMPYRA	DALFAMPRIDINE (4- AMINOPYRIDINE)	
APLIGRAF	CULTURED SKIN SUBST, HUMAN/BOVINE, LIVE	Limited Distribution Product
APOKYN	APOMORPHINE HYDROCHLORIDE	

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BRAND NAME	INGREDIENTS	SPECIAL INSTRUCTIONS
ARALAST NP	PROTEINASE INHIBITOR (HUMAN)	Non-Preferred. Use EPOGEN
ARANESP ALBUMIN FREE	DARBEPOETIN ALFA	Non-Preferred. Use KINERET
ARCALYST	RILONACEPT	
ARIXTRA	FONDAPARINUX SODIUM	
ARZERRA	OFATUMUMAB	
AUBAGIO	TERIFLUNOMIDE	
AUBAGIO	TERIFLUNOMIDE	
AVASTIN	BEVACIZUMAB	
AVONEX	INTERFERON BETA-1A	
BEBULIN	FACTOR IX	
BENEFIX	COAGULATION FACTOR IX, RECOMBINANT	
BENLYSTA	BELIMUMAB	
BERINERT	C1 ESTERASE INHIBITOR (HUMAN)	
BETASERON	INTERFERON BETA-1B	
BOSULIF	BOSUTINIB	
BOTOX	ONABOTULINUMTOXINA	
CAPRELSA	VANDETANIB	Limited Distribution Product
CARBAGLU	CARGLUMIC ACID	Limited Distribution Product
CARIMUNE NANOFILTERED	GLOBULIN, IMMUNE	Non-Preferred. Use GAMUNEX
CAYSTON	AZTREONAM LYSINE	Limited Distribution Product. Non-Preferred. Use TOBI
CEPROTIN	HUMAN PROTEIN C	Limited Distribution Product
CEREZYME	IMIGLUCERASE	
CIMZIA	CERTOLIZUMAB PEGOL	
CINRYZE	C1 INHIBITOR (HUMAN)	Non-Preferred. Use Berinert or Kalbitor
COPAXONE	GLATIRAMER ACETATE	
CORIFACT	FACTOR XIII	
CORTROSYN	COSYNTROPIN	
CYSTADANE	BETAINE (TRIMETHYLGLYCINE)	Limited Distribution Product
CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOBULIN	Non-Preferred. Use GAMUNEX
DACOGEN	DECITABINE	
DEFEROXAMINE MESYLATE	DEFEROXAMINE MESYLATE	
DEFERAL	DEFEROXAMINE MESYLATE	
DYSPORT	ABOBOTULINUMTOXINA	
EGRIFTA	TESAMORELIN ACETATE	
ELAPRASE	IDURSULFASE	
ELELYSO	TALIGLUCERASE ALFA (GLUCOSYLCERAMIDASE)	Limited Distribution Product

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BRAND NAME	INGREDIENTS	SPECIAL INSTRUCTIONS
ELIGARD	LEUPROLIDE ACETATE	
ELSPAR	ASPARAGINASE	
ENBREL	ETANERCEPT	
EPOGEN	EPOETIN ALFA	
EPOPROSTENOL SODIUM	EPOPROSTENOL SODIUM	
ERBITUX	CETUXIMAB	
ERIVEDGE	VISMODEGIB	
ERWINAZE	ASPARAGINASE ERWINIA CHRYSANTHEMI	Limited Distribution Product
EUFLEXXA	SODIUM HYALURONATE	
EXJADE	DEFERASIROX	
EXTAVIA	INTERFERON BETA-1B	
EYLEA	AFLIBERCEPT	
FABRAZYME	AGALSIDASE BETA	
FEIBA VH IMMUNO	ANTI-INHIBITOR COAGULANT COMPLEX	
FERRIPROX	DEFERIPRONE	Limited Distribution Product
FIRAZYR	ICATIBANT ACETATE	
FIRMAGON	DEGARELIX ACETATE	
FLEBOGAMMA	GLOBULIN, IMMUNE	Non-Preferred. Use GAMUNEX
FLOLAN	EPOPROSTENOL SODIUM	Limited Distribution Product. Non-Preferred. Use ADCIRCA
FORTEO	TERIPARATIDE	Non-Preferred. Use RECLAST
FRAGMIN	DALTEPARIN SODIUM	
FUSILEV	LEVOLEUCOVORIN CALCIUM	
FUZEON	ENFUVIRTIDE	
GAMASTAN S/D	GLOBULIN, IMMUNE	Non-Preferred. Use GAMUNEX
GAMMAKED	GLOBULIN, IMMUNE IV OR SC (TALECRIS)	Non-Preferred. Use GAMUNEX
GAMMAPLEX	GLOBULIN, IMMUNE IV (BIO PRODUCTS LAB)	Non-Preferred. Use GAMUNEX
GAMUNEX	GLOBULIN, IMMUNE IV (TALECRIS)	
GENOTROPIN	SOMATROPIN	Non-Preferred. Use TEV- TROPIN
GILENYA	FINGOLIMOD HYDROCHLORIDE	
GLASSIA	PROTEINASE INHIBITOR (HUMAN)	
GLEEVEC	IMATINIB MESYLATE	
HALAVEN	ERIBULIN MESYLATE	
HELIXATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	
HEMOFIL M	ANTIHEMOPHILIC FACTOR	

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BRAND NAME	INGREDIENTS	SPECIAL INSTRUCTIONS
HERCEPTIN	TRASTUZUMAB	
HIZENTRA	GLOBULIN, IMMUNE SC (CSL BEHRING)	Non-Preferred. Use GAMUNEX
HUMATE-P	ANTIHEMOPHILIC FACTOR; VON WILLEBRAND FACTOR COMPLEX (HUMAN)	
HUMATROPE	SOMATROPIN	Non-Preferred. Use TEV-TROPIN
HUMIRA	ADALIMUMAB	
HYALGAN	SODIUM HYALURONATE	
HYCAMTIN	TOPOTECAN HYDROCHLORIDE	
ILARIS	CANAKINUMAB	Non-Preferred. Use KINERET
INCIVEK	TELAPREVIR	Non-Preferred. Use VICTRELIS
INCRELEX	MECASERMIN	
INFERGEN	INTERFERON ALFACON-1	
INLYTA	AXITINIB	
INTRON-A	INTERFERON ALFA-2B	
INVEGA SUSTENNA	PALIPERIDONE PALMITATE	
IRESSA	GEFITINIB	Limited Distribution Product
ISTODAX	ROMIDEPSIN	
IXEMPRA KIT	IXABEPILONE	
JAKAFI	RUXOLITINIB PHOSPHATE (1092939-17-7)	
JEVTANA	CABAZITAXEL	
KALBITOR	ECALLANTIDE	Limited Distribution Product
KALYDECO	IVACAFTOR	
KINERET	ANAKINRA	
KOATE-DVI	ANTIHEMOPHILIC FACTOR	
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	
KORLYM	MIFEPRISTONE	Limited Distribution Product
KRYSTEXXA	PEGLOTICASE	
KUVAN	SAPROPTERIN DIHYDROCHLORIDE	
LETAIRIS	AMBRISENTAN	Non-Preferred. Use ADCIRCA
LEUKINE	SARGRAMOSTIM	
LEUPROLIDE ACETATE	LEUPROLIDE ACETATE	
LUCENTIS	RANIBIZUMAB	
LUMIZYME	ALGLUCOSIDASE ALFA	
LUPRON DEPOT INJ 11.25MG	LEUPROLIDE ACETATE (3 MONTH) FOR INJ KIT 11.25 MG	
LUPRON DEPOT INJ 22.5MG	LEUPROLIDE ACETATE (3 MONTH) FOR INJ KIT 22.5 MG	Non-Preferred. Use ELIGARD

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BRAND NAME	INGREDIENTS	SPECIAL INSTRUCTIONS
LUPRON DEPOT INJ 30MG	LEUPROLIDE ACETATE (4 MONTH) FOR INJ KIT 30 MG	Non-Preferred. Use ELIGARD
LUPRON DEPOT INJ 45MG	LEUPROLIDE ACETATE (6 MONTH) FOR INJ KIT 45 MG	Non-Preferred. Use ELIGARD
LUPRON DEPOT/LUPRON DEPOT-PED	LEUPROLIDE ACETATE	
MACUGEN	PEGAPTANIB SODIUM (PEGAPTANIB OCTASODIUM	
MAKENA	BENZYL ALCOHOL; BENZYL BENZOATE; HYDROXYPROGESTERONE CAPROATE	Non-Preferred. Use 17-P
MESNA	MESNA	
MITOXANTRONE HCL	MITOXANTRONE HYDROCHLORIDE	
MONOCLATE-P	ANTIHEMOPHILIC FACTOR	
MONONINE	COAGULATION FACTOR IX	
MOZOBIL	PLERIXAFOR	
MYOBLOC	RIMABOTULINUMTOXINB	
MYOZYME	ALGLUCOSIDASE ALFA	
NAGLAZYME	GALSULFASE	
NEULASTA	PEGFILGRASTIM	
NEUMEGA	OPRELVEKIN	
NEUPOGEN	FILGRASTIM	
NEXAVAR	SORAFENIB TOSYLATE	
NORDITROPIN	SOMATROPIN	Non-Preferred. Use TEV-TROPIN
NOVOSEVEN RT	FACTOR VIIA COAGULANT, RECOMB(BHK CELLS)	
NPLATE	ROMIPLOSTIM	Non-Preferred. Use Rituxan, IVIG
NULOJIX	BELATACEPT	
NUTROPIN	SOMATROPIN	Non-Preferred. Use TEV-TROPIN
NUTROPIN AQ	SOMATROPIN	Non-Preferred. Use TEV-TROPIN
OCTAGAM	GLOBULIN, IMMUNE IV (OCTAPHARM)	Non-Preferred. Use GAMUNEX
OCTREOTIDE ACETATE	OCTREOTIDE ACETATE	
OMNITROPE	SOMATROPIN	Non-Preferred. Use TEV-TROPIN
OMONTYS	PEGINESATIDE ACETATE (1185870589)	Limited Distribution Product
ONCASPAR	PEGASPARGASE	
ORENCIA	ABATACEPT	
ORFADIN	NITISINONE	Limited Distribution Product

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BRAND NAME	INGREDIENTS	SPECIAL INSTRUCTIONS
ORTHOVISC	HYALURONAN	
PEGASYS	PEGINTERFERON ALFA-2A	
PEG-INTRON	PEGINTERFERON ALFA-2B	
PERJETA	PERTUZUMAB	
PRIALT	ZICONOTIDE ACETATE	
PRIVIGEN	GLOBULIN, IMMUNE IV (BAXTER/AM RED CROS)	Non-Preferred. Use GAMUNEX
PROCRIT	EPOETIN ALFA	Non-Preferred. Use EPOGEN
PROFILNINE SD	FACTOR IX	
PROLASTIN	PROTEINASE INHIBITOR (HUMAN)	Limited Distribution Product
PROLASTIN-C	PROTEINASE INHIBITOR (HUMAN)	Limited Distribution Product
PROLEUKIN	ALDESLEUKIN	
PROLIA	DENOSUMAB	Non-Preferred. Use RECLAST
PROMACTA	ELTROMBOPAG OLAMINE	Non-Preferred. Use Rituxan, IVIG
PULMOZYME	DORNASE ALFA	
REBIF	INTERFERON BETA-1A	
RECLAST	ZOLEDRONIC ACID MONOHYDRATE	
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	
REFACTO	ANTIHEMOPHILIC FACTOR (RECOMBINANT)	
REMICADE	INFLIXIMAB	
REMODULIN	TREPROSTINIL SODIUM	Non-Preferred. Use ADCIRCA
REVATIO	SILDENAFIL CITRATE	Non-Preferred. Use ADCIRCA
RIASTAP	FIBRINOGEN CONCENTRATE (HUMAN)	
RIBAPAK	RIBAVIRIN	
RIBASPHERE	RIBAVIRIN	
RIBATAB	RIBAVIRIN	
RIBAVIRIN	RIBAVIRIN	
RISPERDAL CONSTA	RISPERIDONE	
RITUXAN	RITUXIMAB	
SABRIL	VIGABATRIN	
SAIZEN	SOMATROPIN (SERONO)	Non-Preferred. Use TEV-TROPIN
SAMSCA	TOLVAPTAN	
SANDOSTATIN	OCTREOTIDE ACETATE	Non-Preferred. Use OCTREOTIDE ACETATE
SENSIPAR	CINACALCET HYDROCHLORIDE	
SEROSTIM	SOMATROPIN (SERONO)	Non-Preferred. Use TEV-TROPIN

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SIMPONI	GOLIMUMAB	
SOLIRIS	ECULIZUMAB	
SOMATULINE DEPOT	LANREOTIDE ACETATE	
SOMAVERT	PEGVISOMANT	
SPRYCEL	DASATINIB	
STELARA	USTEKINUMAB	
SUPARTZ	SODIUM HYALURONATE	
SUPPRELIN LA	HISTRELIN ACETATE	
SUTENT	SUNITINIB MALATE	
SYLATRON	PEGINTERFERON ALFA-2B	
SYNAGIS	PALIVIZUMAB	
SYNISC/SYNISC ONE	HYLAN	
TARCEVA	ERLOTINIB	
TARGRETIN	BEXAROTENE	
TARGRETIN	BEXAROTENE	
TASIGNA	NILOTINIB	
TEMODAR	TEMOZOLOMIDE	
TEV-TROPIN	SOMATROPIN	
THYROGEN	THYROTROPIN ALFA	
TOBI	TOBRAMYCIN	
TORISEL	TEMSIROLIMUS	
TRACLEER	BOSENTAN MONOHYDRATE	Non-Preferred. Use ADCIRCA
TREANDA	BENDAMUSTINE HYDROCHLORIDE	
TRELSTAR DEPOT	TRIPTORELIN PAMOATE	Non-Preferred. Use LEUPROLIDE
TRELSTAR LA	TRIPTORELIN PAMOATE	Non-Preferred. Use LEUPROLIDE
TYKERB	LAPATINIB DITOSYLATE	
TYSABRI	NATALIZUMAB	
TYVASO	TREPROSTINIL	Non-Preferred. Use ADCIRCA
VALSTAR	VALRUBICIN	
VANTAS	HISTRELIN ACETATE	Non-Preferred. Use LEUPROLIDE
VECTIBIX	PANTUMUMAB	
VELCADE	BORTEZOMIB	
VELETRI	EPOPROSTENOL SODIUM	Limited Distribution Product.Non-Preferred. Use ADCIRCA
VENTAVIS	ILOPROST	Non-Preferred. Use ADCIRCA
VICTRELIS	BOCEPREVIR	
VIDAZA	AZACITIDINE	
VISUDYNE	VERTEPORFIN	
VIVITROL	NALTREXONE	
VORAXAZE	GLUCARPIDASE	Limited Distribution Product

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BRAND NAME	INGREDIENTS	SPECIAL INSTRUCTIONS
VOTRIENT	PAZOPANIB HYDROCHLORIDE	
VPRIV	VELAGLUCERASE ALFA	
WILATE	ANTIHEMOPHILIC FACTOR; VON WILLEBRAND FACTOR COMPLEX (HUMAN)	
WINRHOF SDF	RHO (D) IMMUNE GLOBULIN	
XALKORI	CRIZOTINIB	
XELODA	CAPECITABINE	
XENAZINE	TETRABENAZINE	
XEOMIN	INCOBOTULINUMTOXINA	
XGEVA	DENOSUMAB	Non-Preferred. Use PAMIDRONATE
XIAFLEX	COLLAGENASE CLOSTRIDIUM HISTOLYTICUM	
XOLAIR	OMALIZUMAB	
XTANDI	ENZALUTAMIDE	
XYNTHA	ANTIHEMOPHILIC FACTOR (RECOMB) PAF	
YERVOY	IPILIMUMAB	
ZAVESCA	MIGLUSTAT	Limited Distribution Product
ZELBORAF	VEMURAFENIB	
ZEMAIRA	PROTEINASE INHIBITOR (HUMAN)	Limited Distribution Product
ZOLADEX	GOSERELIN ACETATE	Non-Preferred. Use LEUPROLIDE
ZOLINZA	VORINOSTAT	
ZOMETA	ZOLEDRONIC ACID MONOHYDRATE	Non-Preferred. Use PAMIDRONATE
ZORBTIVE	SOMATROPIN	
ZYPREXA RELPREVV	OLANZAPINE PAMOATE (MONOHYDRATE)	
ZYTIGA	ABIRATERONE ACETATE	

For the most current Specialty Drug Benefit please contact Louisiana Healthcare Connections at 1-866-595-8133 (TTY/TDD 1-877-285-4514) or visit www.LouisianaHealthConnect.com.