



Absolute Total Care provides coverage of a number of specialty drugs. All specialty drugs, such as biopharmaceuticals and injectables, require PA to be approved for payment by Absolute Total Care. PA requirements are programmed specific to the drug. The following products are the Absolute Total Care preferred agents within the specified therapeutic class.

Product Description	Brand/ Generic	Covered Brand Product	Limitations/ Restrictions
TUMOR NECROSIS FACTOR MODIFIERS			
Adalimumab	Brand	HUMIRA	PA
Etanercept	Brand	ENBREL	PA
BIOLOGIC RESPONSE MODIFIERS			
Glatiramer	Brand	COPAXONE	PA
Interferon Beta-1b	Brand	EXTAVIA	PA
HUMAN GROWTH HORMONE			
Somatropin, rh-GH	Brand	TEV-TROPIN	PA
Norditropin, rh-GH	Brand	NORDITROPIN	PA
ALPHA INTERFERONS			
Peginterferon Alfa-2a	Brand	PEGASYS	PA
Peginterferon Alfa-2b	Brand	PEG-INTRON	PA
ANTI-HEPATITIS AGENTS			
Telaprevir	Brand	INCIVEK	PA
Boceprevir	Brand	VICTRELIS	PA