

Prime Therapeutics LLC

Provider-Administered Specialty Pharmacy Drug Management List

Definition of specialty medications: Specialty medications are generally prescribed for people with complex or ongoing medical conditions such as multiple sclerosis, hemophilia, hepatitis C and rheumatoid arthritis. These high cost medications also have one or more of the following characteristics: injected or infused, but some may be taken by mouth; unique storage or shipment requirements; additional education and support required from a health care professional; and usually not stocked at retail pharmacies.

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Note: In order for a member to receive in-network benefits for the following specialty drugs, the specialty pharmacy filing the claim must contract with the Blue Cross and Blue Shield Plan where the provider is located. In-network specialty pharmacies are:

Accredo Health Group, Inc. (1-888-608-9010) and CVS/Caremark (1-800-237-2767)

Androgens

AVEED*
TESTOPEL* (PA)

Autoimmune

ACTEMRA (PA)
AVSOLA* (PA)
BENLYSTA IV (PA)
CIMZIA (PA)
ENTYVIO (PA)
ILUMYA
INFLECTRA (PA)
INFLIXIMAB (PA)
OMVOH (PA)
ORENCIA (PA)
REMICADE (PA)
RENFLEXIS (PA)
SAPHNELO* (PA)
SIMPONI ARIA (PA)
SKYRIZI (PA)
SPEVIGO (PA)
STELARA (PA)

Blood Modifiers

ADAKVEO*
ADZYNMA* (PA)
CABLIVI*
CASGEVY (PA)
FULPHILA (PA)
FYLNETRA*
GIVLAARI
GRANIX (PA)
LEUKINE (PA)
NEULASTA (PA)
NEULASTA ONPRO KIT (PA)
NEUPOGEN (PA)
NIVESTYM
NPLATE (PA)
NYVEPRIA (PA)
REBLOZYL* (PA)
RELEUKO
ROLVEDON (PA)
STIMUFEND (PA)
UDENYCA (PA)
UDENYCA ONBODY (PA)
ZARXIO (PA)
ZIEXTENZO (PA)
ZYNTEGLO (PA)

Enzyme Deficiencies

ALDURAZYME (PA)
BRINEURA* (PA)
CEREZYME (PA)
ELAPRASE (PA)
ELELYSO (PA)
ELFABRIO* (PA)
FABRAZYME (PA)
KANUMA (PA)
LAMZEDE* (PA)
LUMIZYME (PA)
MEPSEVII (PA)
NAGLAZYME (PA)
NEXVIAZYME (PA)
POMBILITI (PA)
REVCOVI* (PA)
VIMIZIM (PA)
VPRIV (PA)
XENPOZYME (PA)

Endocrine

CRYSVITA (PA)
EVENITY
H.P. ACTHAR (PA)
LUPRON DEPOT/ PED
PROLIA
RECLAST
SANDOSTATIN LAR DEPOT
SIGNIFOR LAR*
SOMATULINE DEPOT
SUPPRELIN LA
TEPEZZA (PA)
TRIPTODUR*
XGEVA
zoledronic acid

Hematological

BERINERT (PA)
CINRYZE (PA)
ENJAYMO
FIRAZYR* (PA)
HAEGARDA (PA)
KALBITOR (PA)
RIASTAP
RUCONEST (PA)
RYPLAZIM* (PA)
SOLIRIS (PA)
TAKHZYRO (PA)
ULTOMIRIS (PA)

Immune Globulins

ALYGLO* (PA)
ASCENIV (PA)
BIVIGAM (PA)
CUTAQUIG (PA)
CUVITRU (PA)
CYTOGAM
FLEBOGAMMA DIF (PA)
GAMASTAN S/D (PA)
GAMMAGARD LIQUID (PA)
GAMMAGARD S/D (PA)
GAMMAKED (PA)
GAMMAPLEX (PA)
GAMUNEXC (PA)
HIZENTRA (PA)
HYQVIA (PA)
OCTAGAM (PA)
PANZYGA (PA)
PRIVIGEN (PA)
XEMBIFY (PA)

Immunosuppressants

ATGAM
GAMIFANT* (PA)
NULOJIX
SIMULECT

Lung Disorders

ARALAST NP
CINQAIR*
FASENRA (PA)
GLASSIA
NUCALA
PROLASTIN/C
SYNAGIS (PA)
TEZSPIRE (PA)
XOLAIR (PA)
ZEMAIRA

Macular Degeneration

BEOVU (PA)
EYLEA
LUCENTIS (PA)
VISUDYNE

Multiple Sclerosis

BRIUMVI (PA)
LEMTRADA (PA) ♦

OCREVUS (PA)
TYSABRI (PA)

Ophthalmic

IDOSE*
ILUVIEN
LUXTURNA (PA)
IZERVAY (PA)
OZURDEX
SUSVIMO (PA)
SYFOVRE (PA)
VABYSMO (PA)
XIPERE (PA)

Oncology

ABECMA* (PA)
ABRAXANE
ADCESTRIS (PA)
ADRIAMYCIN
ADSTILADRIN (PA)
ALIMTA
ALIQOPA*
ALKERAN
ALYMSYS (PA)
AMTAGVI (PA)
ARRANON
arsenic
ARZERRA
ASPARLAS*
AVASTIN (PA)
azacitidine
BAVENCIO* (PA)
BELEODAQ*
bendamustine (PA)
BENDEKA (PA)
BESPONSA (PA)
BICNU
BLENREP (PA)
BLINCYTO* (PA)
bortezomib (PA)
BORTEZOMIB* (PA)
BREYANZI
CAMCEVI
CAMPOTOSAR
carmustine
CARVYKTI (PA)
cladribine
CLOLAR
CLOFARABINE*
COSMEGEN

CYRAMZA
CYTARABINE/AQ
DACARBAZINE
DACOGEN
dactinomycin
DANYELZA* (PA)
daunorubicin
DARZALEX (PA)
DARZALEX FASPRO (PA)
decitabine
docetaxel
DOCIVYX
DOXIL
DOXORUBICIN HCL
ELAHERE* (PA)
ELITEK*
ELLENC
ELREXFIO (PA)
EMPLICITI (PA)
ENHERTU
EPKINLY* (PA)
ERBITUX (PA)
ETHYOL
ETOPOPHOS
EVOMELA (PA)
FASLODEX (PA)
fludarabine phosphate*

(Continued on Page 2)

Key

(PA) Requires Prior Authorization

♦ Drug must be obtained and billed by an in-network medical specialty pharmacy

*Limited distribution

Limited distribution drugs are medications that may have special dosing requirements or lab monitoring that need to be followed very closely. Because of this, the manufacturer or Food and Drug Administration sometimes chooses to limit the distribution of their drug to only a few pharmacies.

This list is subject to change without notice.

Neither this Specialty Pharmacy Drug Management List, nor the successful adjudication of a pharmacy claim, is guarantee of payment. Prime Therapeutics LLC is an independent company providing pharmacy benefit management and specialty pharmacy services for eligible Blue Cross and Blue Shield members. Each Blue Cross and Blue Shield Plan is an independent licensee of the Blue Cross and Blue Shield Association.

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FOLOTYN	PEDMARK (PA)	ZANOSAR	SKYSONA (PA)
fulvestrant	pemetrexed (PA)	ZEPZELCA (PA)	SPINRAZA (PA)
FYARRO* (PA)	PEMFEXY (PA)	ZIRABEV (PA)	SPRAVATO (PA)
GAZYVA	PERJETA (PA)	ZOLADEX	SUBLOCADE (PA)
HALAVEN	PHESGO (PA)	ZYNLONTA* (PA)	SYLVANT
HERCEPTIN	PHOTOFRIN*	ZYNYZ (PA)	TROGARZO (PA)
HERCEPTIN HYLECTA (PA)	POLIVY (PA)		TZIELD* (PA)
HERZUMA (PA)	PORTRAZZA		UPLIZNA* (PA)
HYCAMTIN	POTELIGEO*		VEOPOZ (PA)
HYDROXYPROGESTERONE - CAPROATE*	PRALATREXATE		VILTEPSO*
IDAMYCIN PFS	PROLEUKIN		VIVITROL (PA)
IFEX	PROVENGE* (PA)		VYEPTI*
IMFINZI (PA)	RIABNI (PA)		VYJUVEK* (PA)
IMJUDO (PA)	RITUXAN (PA)		VYVGART (PA)
irinotecan*	RITUXAN HYCELA (PA)		WINRHO SDF*
ISTODAX	romidepsin*		XEOMIN
IXEMPRA	RUXIENCE (PA)		XIAFLEX* (PA)
JELMYTO* (PA)	RYBREVAANT (PA)		ZOLGENSMA (PA)
JEMPERLI (PA)	RYLAZE		
JEVTANA	SARCLISA* (PA)		
KADCYLA (PA)	SYNRIBO*		
KANJINTI (PA)	TALVEY (PA)		
KEYTRUDA* (PA)	TECARTUS (PA)		
KHAPZORY	TECENTRIQ (PA)		
KIMMTRAX (PA)	TECVAYLI (PA)		
KYPROLIS* (PA)	temsirolimus		
LEUCOVORIN CALCIUM	THIOTEPA		
LOQTORZI* (PA)	THYROGEN		
LUNSUMIO (PA)	TICE BCG		
LUTATHERA	TIVDAK (PA)		
MARGENZA* (PA)	topotecan		
melphalan*	TORISEL		
mesna	TRAZIMERA (PA)		
MESNEX	TREANDA (PA)		
mitomycin	TRELSTAR DEPOT/LA		
mitoxantrone	TRISENOX		
MONJUVI (PA)	TRODELVY*		
MVASI (PA)	TRUXIMA (PA)		
NAVELBINE	UNITUXIN*		
nelarabine	VALSTAR		
NIPENT	VECTIBIX (PA)		
OGIVRI (PA)	VEGZELMA (PA)		
ONCASPAR	VELCADE (PA)		
ONIVYDE*	VIDAZA		
ONTRUZANT* (PA)	vincristine sulfate*		
OPDIVO (PA)	VIVIMUSTA (PA)		
OPDUALAG (PA)	VYXEOS*		
PACLITAXEL	YERVOY (PA)		
PADCEV (PA)	YONDELIS* (PA)		
	ZALTRAP (PA)		

Pulmonary Hyper-tension

UPTRAVI
VELETRI

Viscosupplements

HYALGAN
ORTHOVISC (PA)
SYNVISC (PA)
SYNVISC ONE (PA)

Others

AMVUTTRA* (PA)
APRETUDE
BCG VACCINE
BOTOX (PA)
BRIXADI (PA)
CABENUVA
DOJOLVI
DYSPORT
EXONDYS 51*
FENSOLVI
FUROSCIX
HEMGENIX* (PA)
KRYSTEXXA (PA)
KYLEENA*
LENMELDY (PA)
MICRHOGAM
ULTRA-FILTERED
MIRENA*
MYOBLOC (PA)
NEXPLANON
ONPATTRO* (PA)
OXLUMO* (PA)
RADICAVA* (PA)
REBYOTA
RHOGAM
RHOPHYLAC
RYSTIGGO* (PA)
SCENESSE* (PA)
SKYLA*

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