

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), CVS/Caremark (1-800-237-2767) and AllianceRx Walgreens Pharmacy (1-877-627-6337).

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*
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)
ZIENTENZO (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)
ENJAYMO
FIRAZYR (PA)
HAEGARDA (PA)
KALBITOR (PA)
RIASTAP
RUCONEST (PA)
RYPLAZIM* (PA)
SILIRIS (PA)
TAKHZYRO (PA)
ULTOMIRIS (PA)

Immune Globulins

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

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

Oncology

ABECMA* (PA)
ABRAXANE
ADCETRIS (PA)
ADRIAMYCIN
ADSTILADRIN (PA)
ALIMTA
ALIQOPA*
ALKERAN
ALYMSYS (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
CAMPTOSAR
carmustine
CARVYKTI (PA)
cladribine
CLOLAR
CLOFARABINE*
COSMEGEN
CYRAMZA
CYTARABINE/AQ
DACARBAZINE
DACOGEN

dactinomycin
DANYELZA* (PA)
daunorubicin
DARZALEX (PA)
DARZALEX FASPRO (PA)
decitabine
docetaxel
DOXIL
DOXORUBICIN HCL
ELAHERE* (PA)
ELITEK*
ELLENCE
ELREXFIO (PA)
EMPLICITI (PA)
ENHERTU
EPKINLY* (PA)
ERBITUX (PA)
ETHYOL
ETOPOPHOS
EVOMELA (PA)
FASLODEX (PA)
fludarabine phosphate*
FOLOTYN
fulvestrant
FYARRO* (PA)
GAZYVA
HALAVEN

(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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HERCEPTIN	PHOTOFRIN*	ZYNYZ (PA)	TZIELD* (PA)
HERCEPTIN HYLECTA (PA)	POLIVY (PA)		UPLIZNA* (PA)
HERZUMA (PA)	PORTRAZZA	<u>Pulmonary Hyper-</u>	VEOPOZ (PA)
HYCAMTIN	POTELIGEO*	<u>tension</u>	VILTEPSO*
HYDROXYPROGESTERONE -	PRALATREXATE	UPTRAVI	VIVITROL (PA)
CAPROATE	PROLEUKIN	VELETRI	VYEPTI*
IDAMYCIN PFS	PROVENGE* (PA)		VYJUVEK* (PA)
IFEX	RIABNI (PA)	<u>Viscosupplements</u>	VYVGART (PA)
IMFINZI (PA)	RITUXAN (PA)	HYALGAN	WINRHO SDF*
IMJUDO (PA)	RITUXAN HYCELA (PA)	ORTHOVISC (PA)	XEOMIN
irinotecan*	romidepsin*	SYNVISC (PA)	XIAFLEX* (PA)
ISTODAX	RUXIENCE (PA)	SYNVISC ONE (PA)	ZOLGENSMA* (PA)
IXEMPRA	RYBREVAANT (PA)		
JELMYTO* (PA)	RYLAZE	<u>Others</u>	
JEMPERLI (PA)	SARCLISA* (PA)	AMVUTTRA* (PA)	
JEVTANA	SYNRIBO*	APRETUDE	
KADCYLA (PA)	TALVEY (PA)	BCG VACCINE	
KANJINTI (PA)	TECARTUS (PA)	BOTOX (PA)	
KEYTRUDA* (PA)	TECENTRIQ (PA)	BRIXADI (PA)	
KHAPZORY	TECVAYLI (PA)	CABENUVA	
KIMMTRAX (PA)	temsirolimus	DOJOLVI	
KYPROLIS *(PA)	THIOTEPA	DYSPORT	
LEUCOVORIN CALCIUM	THYROGEN	EXONDYS 51*	
LUNSUMIO (PA)	TICE BCG	FENSOLVI	
LUTATHERA	TIVDAK (PA)	FUROSCIX	
MARGENZA* (PA)	topotecan	HEMGENIX* (PA)	
MARQIBO*	TORISEL	KRYSTEXXA (PA)	
melfhalan*	TRAZIMERA (PA)	KYLEENA*	
mesna	TREANDA (PA)	MICRHOGAM	
MESNEX	TRELSTAR DEPOT/LA	ULTRA-FILTERED	
mitomycin	TRISENOX	MIRENA*	
mitoxantrone	TRODELVY*	MYOBLOC (PA)	
MONJUVI (PA)	TRUXIMA (PA)	NEXPLANON	
MVASI (PA)	UNITUXIN*	ONPATTRO* (PA)	
NAVELBINE	VALSTAR	OXLUMO* (PA)	
nelarabine	VECTIBIX (PA)	RADICAVA* (PA)	
NIPENT	VEGZELMA (PA)	REBYOTA	
OGIVRI (PA)	VELCADE (PA)	RHOGAM	
ONCASPAR	VIDAZA	RHOPHYLAC	
ONIVYDE*	vincristine sulfate*	RYSTIGGO* (PA)	
ONTRUZANT* (PA)	VIVIMUSTA (PA)	SCENESSE* (PA)	
OPDIVO (PA)	VYXEOS*	SKYLA*	
OPDUALAG (PA)	YERVOY (PA)	SKYSONA (PA)	
PACLITAXEL	YONDELIS* (PA)	SPINRAZA (PA)	
PADCEV (PA)	ZALTRAP (PA)	SPRAVATO (PA)	
PEDMARK (PA)	ZANOSAR	SUBLOCADE (PA)	
pemetrexed (PA)	ZEPZELCA (PA)	SYLVANT	
PEMFEXY (PA)	ZIRABEV (PA)	TROGARZO (PA)	
PERJETA (PA)	ZOLADEX		
PHESGO (PA)	ZYNLONTA* (PA)		

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