

# Prime Therapeutics LLC

## 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.

**This list of specialty drugs is updated monthly, and is subject to change without notice. Not all listed specialty drugs may be covered under all plan drug lists (formularies). Please refer to your plan drug list for drug specific coverage information.** Please note: Some employer groups may have specific drug coverage requirements for their employees that are not included in the criteria below.

### Anti-infective

ARIKAYCE (PA)\*  
LIVTENCITY\*  
SIRTURO\*

NEULASTA  
NEULASTA ONPRO KIT  
NEUPOGEN  
NIVESTYM  
NYVEPRIA (PA)  
OXBRYTA  
plerixafor  
PROCRIT  
PROMACTA (PA)  
RELEUKO  
RETACRIT  
STIMUFEND (PA)  
UDENYCA  
ZARXIO

### Autoimmune

ACTEMRA SC (PA)  
ADALIMUMAB-ADAZ (PA)  
ADALIMUMAB-ADB (PA)  
ADALIMUMAB-FKJP (PA)  
ADBRY (PA)  
AMJEVITA (PA)  
ARCALYST\* (PA)  
BENLYSTA SC (PA)  
CIBINQO (PA)  
CIMZIA (PA)  
COSENTYX (PA)  
CYLTEZO (PA)  
DUPIXENT (PA)  
ENBREL (PA)  
FIRDAPSE\*  
HADLIMA (PA)  
HULIO (PA)  
HUMIRA (PA)  
HYRIMOZ (PA)  
IDACIO (PA)  
ILARIS (PA)  
KEVZARA (PA)  
KINERET\* (PA)  
LITFULO (PA)  
OLUMIANT (PA)  
ORENCIA SQ (PA)  
OTEZLA\* (PA)  
RINVOQ (PA)  
RUZURGI\*  
SILIQ (PA)  
SIMPONI (PA)  
STELARA (PA)  
SKYRIZI (PA)  
TALTZ (PA)  
TREMIFYA (PA)  
XELJANZ (PA)  
YUFLYMA (PA)  
YUSIMRY (PA)

### Blood Modifiers

ARANESP  
CABLIVI\*  
DOPTELET (PA)  
EPOGEN  
FYLNETRA\*  
GRANIX  
LEUKINE  
MOZOBIL  
MULPLETA (PA)

### Cancer – Injectable

BESREMI\* (PA)  
ELIGARD  
FIRMAGON  
SYNRIBO\*

### Cancer - Oral

abiraterone acetate (PA)  
AFINITOR / DISPERZ (PA)  
ALECENSA (PA)  
ALUNBRIG\* (PA)  
AYVAKIT\*  
BALVERSA\* (PA)  
bexarotene (PA)  
BOSULIF (PA)  
BRAFTOVI (PA)  
BRUKINSA\* (PA)  
CABOMETYX (PA)  
CALQUENCE\* (PA)  
capecitabine (PA)  
CAPRELSA\* (PA)  
COMETRIQ (PA)  
COPIKTRA\* (PA)  
COTELLIC (PA)  
DAURISMO (PA)  
ERIVEDGE (PA)  
ERLEADA (PA)  
erlotinib hydrochloride  
everolimus (PA)  
EXKIVITY\* (PA)  
FOTIVDA\* (PA)  
GAVRETO  
gefitinib (PA)  
GLOTRIF (PA)  
GLEEVEC (PA)  
HYCAMTIN (PA)  
IBRANCE (PA)  
IDHIFA (PA)  
ICLUSIG\* (PA)  
imatinib mesylate (PA)

IMBRUVICA\* (PA)  
INLYTA (PA)  
INREBIC (PA)  
INQOVI  
IRESSA (PA)  
JAKAFI (PA)  
KISQALI (PA)  
KISQALI FEMARA (PA)  
KOSELUGO\*  
KRAZATI\* (PA)  
lapatinib ditosylate  
lenalidomide\* (PA)  
LENVIMA (PA)  
LONSURF (PA)  
LORBRENA (PA)  
LUMAKRAS (PA)  
LYNPARZA (PA)  
LYSODREN\* (PA)  
MATULANE\* (PA)  
MEKINIST (PA)  
MEKTOVI (PA)  
NERLYNX (PA)  
NEXAVAR (PA)  
NINLARO (PA)  
NUBEQA  
ODOMZO (PA)  
ONUREG  
ORGOVYX\* (PA)  
PEMAZYRE\* (PA)  
PIQRAY (PA)  
POMALYST (PA)  
PURIXAN\*  
QINLOCK\*  
RETEVMO  
REVLIMID (PA)  
REZLIDHIA\* (PA)  
ROZLYTREK (PA)  
RUBRACA (PA)  
RYDAPT (PA)  
SCEMBLIX (PA)  
sorafenib (PA)  
SPRYCEL (PA)  
STIVARGA (PA)  
sunitinib (PA)  
SUTENT (PA)  
TABRECTA (PA)  
TAFINLAR (PA)  
TAGRISSO (PA)  
TALZENNA (PA)  
TARCEVA (PA)  
TARGRETIN (PA)  
TASIGNA (PA)  
TAZVERIK\*  
TEMODAR (PA)  
temozolomide (PA)  
TEPMETKO\* (PA)

THALOMID (PA)  
TIBSOVO\* (PA)  
tretinoin (PA)  
TRUSELTIQ\* (PA)  
TUKYSA\*  
TURALIO\*  
TYKERB (PA)  
UKONIQ\* (PA)  
VENCLEXTA\* (PA)  
VERZENIO (PA)  
VITRAKVI (PA)  
VIZIMPRO (PA)  
VONJO\* (PA)  
VOTRIENT (PA)  
WELIREG\* (PA)  
XALKORI (PA)  
XELODA (PA)  
XOSPATA\* (PA)  
XPOVIO (PA)\*  
XTANDI (PA)  
YONSA (PA)  
ZEJULA (PA)  
ZELBORAF (PA)  
ZOLINZA (PA)  
ZYDELIG (PA)  
ZYKADIA (PA)  
ZYTIGA (PA)

### Cystic Fibrosis

BETHKIS (PA)  
CAYSTON (PA)  
KALYDECO (PA)  
ORKAMBI (PA)  
PULMOZYME  
SYMDEKO (PA)  
TOBI (PA)  
tobramycin (PA)  
TRIKAFTA

### Endocrine

ACTHAR (PA)  
CORTROPHIN (PA)  
FORTEO (PA)  
H.P. ACTHAR (PA)  
ISTURISA\*  
JYNARQUE\*  
LANREOTIDE (PA)  
LUPRON DEPOT/ PED  
MYCAPSSA\*  
NATPARA (PA)  
octreotide acetate  
RECORLEV\* (PA)  
SAMSCA  
SANDOSTATIN/ LAR  
SIGNIFOR\* (PA)

SOMATULINE DEPOT  
SOMAVERT  
tolvaptan  
TRIPTODUR\*  
TYMLOS (PA)  
VOXOGO (PA)  
XURIDEN\*

### Enzyme Deficiencies

betaine anhydrous  
BUPHENYL\* (PA)  
CARBAGLU (PA)  
carglumic\*  
CERDELGA (PA)  
CYSTAGON\*  
GALAFOLD  
javygto\*  
KUVAN (PA)  
miglustat (PA)  
MYALEPT (PA)

(Continued on Page 2)

### Key

\*Prime Limited Distribution Network

(DT) Duplicate Therapy

(PA) Requires Prior Authorization

(ST) Requires Step Therapy process

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.

Brand-name products are capitalized (e.g. FLOLAN).

Generic products are in lower-case (e.g. epoprostenol sodium).

Retail benefits are pharmacy benefits offered at a local retail pharmacy.

Products on this list may need to be obtained through the participating specialty pharmacy network, unless otherwise noted. Individual benefits may vary.

# Prime Therapeutics LLC

## 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.

**This list of specialty drugs is updated monthly, and is subject to change without notice. Not all listed specialty drugs may be covered under all plan drug lists (formularies). Please refer to your plan drug list for drug specific coverage information.**

NITYR  
nitisinone  
ORFADIN \*  
PALYNZIQ (PA)  
phenylbutyra\* (PA)  
RAVICTI (PA)  
sapropterin dihydrochloride  
sodium phenylbutyrate (PA)  
STRENSIQ\* (PA)  
SUCRAID\*  
ZAVESCA (PA)

### **Fertility & Pregnancy**

CETROTIDE  
chorionic gonadotropin  
FOLLISTIM AQ  
FYREMADEL  
GANIRELIX ACETATE  
GONAL-F/ RFF  
MENOPUR  
NOVAREL  
OVIDREL  
PHEBURANE (PA)  
PREGNYL

### **Growth Hormones**

GENOTROPIN (PA)  
HUMATROPE (PA)  
INCRELEX  
NORDITROPIN (PA)  
NUTROPIN/ AQ (PA)  
OMNITROPE (PA)  
SAIZEN (PA)  
SEROSTIM (PA)  
SKYTROFA\* (PA)  
ZOMACTON (PA)  
ZORBTIVE (PA)

### **Hematological**

BERINERT (PA)  
FIRAZYR (PA)  
HAEGARDA (PA)  
KALBITOR (PA)  
ORLADEYO\* (PA)  
PYRUKYND\* (PA)  
RUCONEST (PA)  
TAKHZYRO (PA)  
TAVNEOS\* (PA)

### **Hemophilia**

ALTUVIIIIO (PA)  
ADVATE (PA)  
ADYNOVATE (PA)  
AFSTYLA (PA)

ALPHANATE (PA)  
ALPHANINE SD (PA)  
ALPROLIX (PA)  
BENEFIX (PA)  
COAGADEX (PA)  
CORIFACT (PA)  
ELOCTATE (PA)  
ESPEROCT (PA)  
FEIBA (PA)  
FIBRYGA (PA)  
HEMLIBRA (PA)  
HEMOFIL M (PA)  
HUMATE-P (PA)  
IDELVION (PA)  
IXINITY (PA)  
JIVI (PA)  
KOATE-DVI (PA)  
KOGENATE FS (PA)  
KOVALTRY (PA)  
MONONINE (PA)  
NOVOEIGHT (PA)  
NOVOSEVEN/ RT (PA)  
NUWIQ (PA)  
OBIZUR\* (PA)  
PROFILNINE SD (PA)  
RECOMBINATE (PA)  
REBINYN (PA)  
RIXUBIS (PA)  
SEVENFACT (PA)  
TRETEN (PA)  
VONVENDI (PA)  
WILATE (PA)  
XYNTHA (PA)

### **Hepatitis C**

EPCLUSA (PA)  
HARVONI (PA)  
INTRON-A  
LEDIPASVIR SOFOSBUVIR  
MAVYRET (PA)  
PEGASYS (PA)  
RIBAVIRIN  
SOFOSBUVIR/ VELPATASVIR  
SOVALDI (PA)  
VIEKIRA (PA)  
VOSEVI (PA)  
ZEPATIER\* (PA)

### **HIV**

FUZEON  
SUNLENCA\* (PA)

### **Immune Globulins**

CUTAQUIG (PA)

CUVITRU (PA)  
GAMMAGARD LIQUID (PA)  
GAMMAKED (PA)  
GAMUNEX-C (PA)  
HIZENTRA (PA)  
HYQVIA (PA)  
XEMBIFY (PA)

### **Immunosuppressants**

ENSPRYNG  
NUCALA AUTO-INJECT (PA)

### **Lung Disorders**

ACTIMMUNE  
ESBRIET (PA)  
FASENRA (PA)  
GLASSIA  
NUCALA (PA)  
OFEV (PA)  
pirfenidone (PA)

### **Multiple Sclerosis**

AMPYRA (PA)  
AUBAGIO  
AVONEX  
BAFIERTAM  
BETASERON  
COPAXONE  
dalfampridine (PA)  
dimethyl fumarate  
EXTAVIA  
fingolimod  
GILENYA  
glatiramer  
GLATOPA  
KESIMPTA  
MAVENCLAD (PA)  
MAYZENT (PA)  
PLEGRIDY  
PONVORY (PA)  
REBIF  
TASCENSO ODT (PA)  
TECFIDERA  
teriflunomide  
VUMERITY  
ZEPOSIA (PA)

### **Pulmonary**

**Hypertension**  
ADCIRCA (PA)  
ADEMPAS (PA)  
Alyq\*  
ambrisentan (PA)

bosentan (PA)  
epoprostenol sodium  
FLOLAN  
LETAIRIS (PA)  
OPSUMIT (PA)  
ORENITRAM (PA)  
REMODULIN  
REVATIO (PA)  
sildenafil citrate tabs  
tadalafil (PA)  
TRACLEER (PA)  
treprostinil (PA)  
TYVASO (PA)  
UPTRAVI (PA)  
VENTAVIS (PA)

### **Others**

ALFERON N\*  
APOKYN  
apomorphine\*  
AUSTEDO  
CAMZYOS (PA)  
CHENODAL\*  
CHOLBAM\*  
CUPRIMINE  
CUVITRU (PA)  
CYSTADANE\*  
CYSTADROPS\*  
CYSTARAN\*  
deferasirox  
deferiprone\*  
DEPEN TITRATABS  
DIACOMIT\*  
DROXIA  
droxidopa  
ENDARI\* (PA)  
EXJADE  
EPIDIOLEX (PA)  
EMFLAZA (PA)  
EVRYSDI (PA)  
EXSERVAN\*  
FENSOLVI  
FERRIPROX\*  
FINTEPLA\*  
GAMUNEX-C (PA)  
GATTEX (PA)  
GOCOVRI \*(PA)  
HYQVIA (PA)  
IMCIVREE\* (PA)  
INBRIJA\*  
INGREZZA\*  
JADENU  
JUXTAPIID (PA)  
KLISYRI (PA)  
KORLYM \*(PA)  
leuprolide acetate

NORTHERA  
NOURIANZ\*  
OCALIVA (PA)  
OXERVATE (PA)  
penicillamine  
PROCYSBI  
RADICAVA (PA)  
RELYVRIO (PA)  
RILUTEK  
riluzole  
SIKLOS  
SYMPAZAN\*  
SYPRINE  
TAVALISSE\* (PA)  
TEGSEDI (PA)  
TERIPARATIDE\*  
tetrabenazine  
THROMBATE III\*  
TIGLUTIK\*  
trientine hydrochloride

### **Key**

\*Prime Limited Distribution Network

(DT) Duplicate Therapy

(PA) Requires Prior Authorization

(ST) Requires Step Therapy process

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.

Brand-name products are capitalized (e.g. FLOLAN).

Generic products are in lowercase (e.g. epoprostenol sodium).

Retail benefits are pharmacy benefits offered at a local retail pharmacy.

Products on this list may need to be obtained through the participating specialty pharmacy network, unless otherwise noted. Individual benefits may vary.

# Prime Therapeutics LLC

## 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.

**This list of specialty drugs is updated monthly, and is subject to change without notice. Not all listed specialty drugs may be covered under all plan drug lists (formularies). Please refer to your plan drug list for drug specific coverage information.**

VALCHLOR  
VECAMYL\*  
VIJOICE\* (PA)  
VISTOGARD\*  
VYLEESI (PA)\*  
VYNDAMAX (PA)  
VYNDAQEL (PA)  
XENAZINE  
XENLETA\*  
XERMELO\* (PA)  
ZOKINVY\* (PA)  
ZTALMY\* (PA)

### **Sleep Disorders**

HETLIOZ  
tasimelteon  
WAKIX (PA)  
XYREM (PA)  
XYWAV (PA)

### **Key**

\*Prime Limited Distribution Network

(DT) Duplicate Therapy

(PA) Requires Prior Authorization

(ST) Requires Step Therapy process

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.

Brand-name products are capitalized (e.g. FLOLAN).

Generic products are in lower-case (e.g. epoprostenol sodium).

Retail benefits are pharmacy benefits offered at a local retail pharmacy.

Products on this list may need to be obtained through the participating specialty pharmacy network, unless otherwise noted. Individual benefits may vary.