# Blue Cross and Blue Shield of Alabama



# 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.

#### **Autoimmune**

ACTEMRA SC (ST) ◆
ARCALYST \*(PA) ◆
CIMZIA (ST) ◆
COSENTYX (ST) ◆
ENBREL (ST)
HUMIRA (ST)
ILARIS \*(PA) ◆
KINERET \*(ST) ◆
ORENCIA SQ (ST) ◆
OTEZLA (ST) ◆
SIMPONI (ST) ◆
STELARA (ST) ◆
XELJANZ (ST) ◆

#### **Blood Modifiers**

ARANESP •
EPOGEN •
GRANIX •
LEUKINE •
MOZOBIL •
NEULASTA •
NEUMEGA •
NEUPOGEN •
PROCRIT •
PROMACTA (PA) •
ZARXIO

#### Cancer - Injectable

CYRAMZA\*
ELIGARD ♦
FIRMAGON
SYLATRON (PA)

#### **Cancer - Oral**

AFINITOR / DISPERZ (PA) bexarotene (PA) BOSULIF \*(PA) capecitabine (PA) CAPRELSA \*(PA) COMETRIQ \*(PA) ERIVEDGE \*(PA) FARYDAK \*(PA) GILOTRIF \*(PA) GLEEVEC (PA) HEXALEN (PA) HYCAMTIN (PA) **IBRANCE (PA)** ICLUSIG \*(PA) IMBRUVICA \*(PA) INLYTA (PA) **IRFSSA** JAKAFI \*(PA) LENVIMA \*(PA) LONSURF\*(PA) LYNPARZA (PA)

LYSODREN (PA) MATULANE \*(PA) MEKINIST (PA) NEXAVAR (PA) **ODOMZO** POMALYST \*(PA) **PURIXAN**\* REVLIMID \*(PA) SPRYCEL (PA) STIVARGA (PA) SUTENT \*(PA) TAFINLAR (PA) TARCEVA (PA) TARGRETIN (PA) TASIGNA (PA) TEMODAR (PA) temozolomide (PA) THALOMID (PA) tretinoin (PA) TYKERB (PA) VANDETANIB \*(PA) VOTRIENT (PA) XALKORI (PA) XELODA (PA) XTANDI \*(PA) ZELBORAF (PA) ZOLINZA (PA) ZYDELIG \*(PA) ZYKADIA \*(PA) ZYTIGA (PA)

## **Cystic Fibrosis**

BETHKIS(DT) ◆
CAYSTON \*(DT) ◆
KALYDECO \*(PA)
ORKAMBI \*(PA) ◆
PULMOZYME
TOBI (DT) ◆
tobramycin (DT)

# **Enzyme Deficiencies**

ENZYME DETICIENCI
BUPHENYL (PA) 
CARBAGLU \*
CERDELGA 
CYSTAGON \*
CYSTARAN \*
KUVAN \*
MYALEPT\*
ORFADIN \*
PROCYSBI\*
RAVICTI \*(PA) 
sodium
phenylbutyrate (PA) 
SUCRAID \*
XENAZINE \*
ZAVESCA \*

## Fertility&Pregnancy

BRAVELLE 
CETROTIDE 
chorionic
gonadotropin
FOLLISTIM AQ
GANIRELIX ACETATE 
GONAL-F/ RFF 
MENOPUR 
NOVAREL 
OVIDREL 
PREGNYL 
REPRONEX

#### **Growth Hormones**

GENOTROPIN (PA) +
HUMATROPE (PA) +
INCRELEX \*
NORDITROPIN (PA) +
NUTROPIN/ AQ (PA) +
OMNITROPE (PA)
SAIZEN (PA) +
SEROSTIM \*(PA) +
TEV-TROPIN (PA) +
ZOMACTON (PA) +
ZORBTIVE (PA) +

### **Hemophilia**

ADVATE ◆ ALPHANATE ◆ ALPHANINE SD ♦ ALPROLIX • BEBULIN/ VH ◆ BENEFIX ◆ CORIFACT \* ◆ ELOCTATE ◆ FEIBA NF/VH ◆ HELIXATE FS ◆ HEMOFIL M ◆ HUMATE-P ◆ KOATE-DVI ◆ KOGENATE FS ◆ MONOCLATE-P ◆ MONONINE + **NOVOEIGHT** NOVOSEVEN/ RT ◆ NUWIQ ◆ OBIZUR + PROFILNINE SD ◆ RECOMBINATE ◆ RIXUBIS + TRETTEN \* ◆ WII ATF • XYNTHA ◆

## **Hepatitis C**

COPEGUS ♦ DAKLINZA (PA) ♦ HARVONI (PA) INCIVEK (PA) INFERGEN ◆ **INTRON-A** PEGASYS (PA) OLYSIO (PA) ♦ PEG-INTRON (PA) ◆ REBETOL ◆ RIBAPAK • RIBASPHERE ♦ RIBATAB ♦ ribavirin SOVALDI (PA) ◆ TECHNIVIE (PA) ◆ VICTRELIS (PA) VIEKIRA (PA) ♦

# HIV

FUZEON

## **Lung Disorders**

ACTIMMUNE \* ♦
ESBRIET \*(PA) ♦
OFEV\* (PA) ♦

## **Multiple Sclerosis**

AMPYRA (PA) ♦
AUBAGIO (ST) ♦
AVONEX (ST) ♦
BETASERON
COPAXONE
EXTAVIA (ST) ♦
GILENYA (ST) ♦
glatopa
PLEGRIDY
REBIF
TECFIDERA

### Pulmonary Hypertension

ADCIRCA (PA) \*
ADEMPAS \*(PA) \*
epoprostenol sodium \*
FLOLAN \* \*
LETAIRIS \*(PA) \*
OPSUMIT (PA) \*
ORENITRAM \*(PA) \*
REMODULIN \* \*
REVATIO (PA) \*
sildenafil citrate tabs
TRACLEER \*(PA) \*
TYVASO \*(PA) \*
VENTAVIS \*(PA) \*

#### Others

ALFERON N ◆ APOKYN\* ◆ BERINERT (PA) ◆ CHENODAL\*◆ CHOLBAM\*◆ **CUPRIMINE** DEPEN TITRATABS ◆ EXJADE ♦ FERRIPROX \* ♦ FIRAZYR (PA) FORTEO (PA) ◆ GAMUNEX-C (PA) ◆ GATTEX \*(PA) ◆ HIZENTRA (PA) ◆ H.P. ACTHAR (PA) ♦ (Continued on Page 2)

#### Kev

Limited Distribution

(DT) Duplicate Therapy

(PA) Requires Prior Authorization

(ST) Requires Step Therapy

 Medication may not be covered under the Generics Plus formulary

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.

This list is subject to change without notice.

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS® and BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. 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 Blue Cross and Blue Shield of Alabama members. Prime Therapeutics Specialty Pharmacy LLC (Prime Specialty Pharmacy) is a wholly owned subsidiary of Prime Therapeutics LLC.

# Blue Cross and Blue Shield of Alabama



# Specialty Pharmacy Drug Management List

Others (Continued)
HYQVIA (PA) ♦
JADENU 🛊
JUXTAPID (PA)* ♦
KALBITOR *(PA) ◆
KORLYM *(PA) ∳
KYNAMRO *(PA) ♦
leuprolide acetate
LUPRON DEPOT/ PED
NATPARA(PA)*♦
octreotide acetate
PRALUENT (PA)
REPATHA (PA)
RUCONEST (PA) ◆
SAMSCA ◆
SANDOSTATIN/ LAR
SIGNIFOR *(PA) ◆
SOMAVERT * ◆
SYPRINE ◆
THROMBATE III ♦
VALCHLOR * ♦
XYREM *(PA)

#### Key

- \* Limited Distribution
- (DT) Duplicate Therapy
- (PA) Requires Prior Authorization
- (ST) Requires Step Therapy process
- Medication may not be covered under the Generics Plus formulary

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.

This list is subject to change without notice.

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS® and BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. 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 Blue Cross and Blue Shield of Alabama members. Prime Therapeutics Specialty Pharmacy LLC (Prime Specialty Pharmacy) is a wholly owned subsidiary of Prime Therapeutics LLC.