



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.

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. Blue Cross and Blue Shield of Alabama in-network specialty pharmacies are: Accredo Health Group, Inc. (1-888-608-9010), CVS/Caremark (1-800-237-2767) and AllianceRx Walgreens Prime (1-877-627-6337).

Autoimmune

ACTEMRA (PA)
AMEVIVE
BENLYSTA (PA)
CIMZIA (PA)
ENTYVIO (PA)
ILUMYA (PA)
INFLECTRA (PA)
ORENCIA (PA)
REMICADE (PA)
RENFLEXIS (PA)
SIMPONI ARIA (PA)
STELARA (PA)

Blood Modifiers

ATRYN
FULPHILA (PA)
GRANIX (PA)
LEUKINE (PA)
NEULASTA (PA)
NIVESTYN (PA)
NEUPOGEN (PA)
NPLATE (PA)
ZARXIO (PA)

Enzyme Deficiencies

ADAGEN
ALDURAZYME (PA)
BRINEURA* (PA)
CEREZYME (PA)
ELAPRASE (PA)
ELELYSO* (PA)
FABRAZYME (PA)
KANUMA (PA)
LUMIZYME (PA)
MEPSEVII (PA)
NAGLAZYME (PA)
SOLIRIS (PA)
VIMIZIM (PA)
VPRIV (PA)

Immune Globulins

BIVIGAM (PA)
CARIMUNE (PA)
CUVITRU* (PA)
CYTOGAM
FLEBOGAMMA/DIF (PA)
GAMASTAN S/D (PA)
GAMMAGARD/SD (PA)
GAMMAKED (PA)

GAMMAPLEX (PA)
GAMUNEX-C (PA)
HIZENTRA (PA)
HYQVIA (PA)
OCTAGAM (PA)
PRIVIGEN (PA)

Immunosuppressants

ATGAM
SIMULECT

Lung Disorders

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

Macular Degeneration

EYLEA (PA)
LUCENTIS (PA)
MACUGEN (PA)
VISUDYNE (PA)

Multiple Sclerosis

LEMTRADA (PA) ♦
OCREVUS (PA)
TYSABRI (PA)

Oncology

ABRAXANE (PA)
ADRIAMYCIN
ADRUCIL
ALIMTA (PA)
ALKERAN
ARRANON
ARZERRA (PA)
AVASTIN (PA)
BICNU
BLINCYTO* (PA)
CAMPATH
CAMPTOSAR
CERUBIDINE
CLOLAR
COSMEGEN

CYRAMZA (PA)*
CYTARABINE/AQ
DACARBAZINE
DACOGEN
DAUNOXONE
DEPOCYT
DOXIL
DOXORUBICIN HCL
ELLENC
ELOXATIN
ELSPAR
ERBITUX (PA)
ETHYOL
ETOPOPHOS
FASLODEX
FLUDARA
fludarabine phosphate
GEMZAR
GAZYVA* (PA)
HALAVEN
HERCEPTIN (PA)
HYCAMTIN
HYDROXYPROGESTERONE
CAPROATE
IDAMYCIN PFS
IFEX
IXEMPRA
JEVTANA
KYPROLIS (PA)
LARTRUVO (PA)
LEUCOVORIN CALCIUM
LEUSTATIN
LIPODOX
LUTATHERA
MARQIBO
MESNEX
mitoxantrone
MUSTARGEN
NAVELBINE
NIPENT
ONCASPAR
OPDIVO (PA)
PERJETA (PA)
PHOTOFIN
PROLEUKIN
RITUXAN (PA)
RITUXAN HYCELA (PA)
SYNRIBO*
TAXOTERE
TECENTRIQ (PA)
THIOTEPA

THYROGEN
TICE BCG
topotecan
TORISEL
TREANDA (PA)
TRELSTAR DEPOT/LA
TRISENOX
VANTAS
VECTIBIX (PA)
VELCADE
VIDAZA
VINCASPAR PFS
VINCRISTINE SULFATE
VUMON
YERVOY (PA)
ZALTRAP* (PA)
ZANOSAR
ZOLADEX
ZOMETA

Pulmonary Hypertension

VELETRI*

Viscosupplements

EUFLEXXA (PA)
SYNVISC (PA)
SYNVISC ONE (PA)

Others

AVEED (PA)
BERINERT (PA)
BONIVA
BOTOX (PA)
CINRYZE* (PA)
CRYSVITA (PA)
DYSPORT (PA)
FIRAZYR (PA)
HAEGARDA (PA)
H.P. ACTHAR (PA)
JETREA
KALBITOR* (PA)
KRYSTEXXA (PA)
KYLEENA
LUPRON DEPOT/ PED
MAKENA (PA)
MICRHOGAM
ULTRA-FILTERED
MIRENA

MYOBLOC (PA)
PROLIA
RADICAVA (PA)
RECLAST
RHOGAM
RHOPHYLAC
RIASTAP
RUCONEST* (PA)
SANDOSTATIN LAR DEPOT
SIGNIFOR LAR*
SKYLA
SOMATULINE DEPOT
SPINRAZA* (PA)
SUBLOCADE (PA)
SUPPRELIN LA
SYLVANT
TESTOPEL (PA)
TRIPTODUR*
TROGARZO (PA)
VIVITROL (PA)
WINRHO SDF
XEOMIN (PA)
XIAFLEX* (PA)
XGEVA
zoledronic acid

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.

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Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Service, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Foreign Language Assistance

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-216-3144 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-216-3144 (TTY: 711)번으로 전화해 주십시오.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-216-3144 (TTY: 711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-216-3144 (TTY: 711).

Arabic: انتباه: إذا كنت تتحدث العربية، توجد خدمات مساعدة فيما يتعلق باللغة، بدون تكلفة، متاحة لك. اتصل بـ 1-855-216-3144 (الهاتف النصي: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-216-3144 (TTY: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-216-3144 (ATS: 711).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-216-3144 (TTY: 711).

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાયતા સેવા, તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. 1-855-216-3144 પર કોલ કરો (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-216-3144 (TTY: 711).

Hindi: ध्यान दें: अगर आपकी भाषा हिंदी है, तो आपके लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें।

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-216-3144 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-216-3144 (телетайп: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-216-3144 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-216-3144 (TTY: 711).

Turkish: DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-216-3144 (TTY: 711) irtibat numaralarını arayın.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-216-3144 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-216-3144（TTY: 711）まで、お電話にてご連絡ください。