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.

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 Prime (1-877-627-6337).

Androgens
AVEED
TESTOPEL (PA)

Autoimmune
ACTEMRA* (PA)
BENLYSTA IV* (PA)
CIMZIA (PA)
ENTYVIO (PA)
ILUMYA (PA)
INFLECTRA (PA)
ORENCIA (PA)
REMICADE (PA)
RENFLEXIS (PA)
SIMPONI ARIA (PA)
STELARA (PA)

Blood Modifiers
ATRYN
CABLIVI
FULPHILA (PA)
GRANIX (PA)
LEUKINE (PA)
NEULASTA (PA)
NEULASTA ONPRO KIT (PA)
NEUPOGEN (PA)
NIVESTYN (PA)
NPLATE (PA)
UDENYCA (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)
REVCOVI
VIMIZIM* (PA)
VPRIV* (PA)

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

HAE
KALBITOR* (PA)
TAKHZYRO* (PA)

Hematological
BERINERT* (PA)
CINRYZE* (PA)
FIRAZYR (PA)
HAEGARDA (PA)
RUCONEST* (PA)
SOLIRIS* (PA)
ULTOMIRIS (PA)

Immune Globulins
BIVIGAM (PA)
CARIMUNE (PA)
CUTAQUIG (PA)
CUVITRU*(PA)
CYTOGAM
FLEBOGAMMA/DIF (PA)
GAMASTAN S/D
GAMMAGARD/SD (PA)
GAMMAKED (PA)
GAMMAPLEX (PA)
GAMUNEX-C (PA)
HIZENTRA* (PA)
HYQVIA (PA)
OCTAGAM (PA)
PANZYGA (PA)
PRIVIGEN (PA)

Immunosuppresents
ATGAM
GAMIFANT (PA)
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)

Opthalmic
ILUVIEN
OZURDEX

Oncology
ABRAXANE (PA)
ADCETRIS (PA)
ADRIAMYCIN
ADRUCIL
ALIMTA (PA)
ALIQOPA
ALKERAN
ARRANON
ARZERRA (PA)
AVASTIN (PA)
BAVENCIO (PA)
BELEODAQ
BENDEKA (PA)
BESPONSA (PA)
BICNU
BLINCYTO*(PA)
bortezomib (PA)
CAMPATH
CAMPTOSAR
CERUBIDINE
cladribine
CLOLAR
CLOFARABINE
COSMEGEN
CYRAMZA* (PA)
CYTARABINE/AQ
DACARBAZINE
DACOGEN
daunorubicin
DARZALEX (PA)
DAUNOXONE
DEPOCYT
DOXIL
DOXORUBICIN HCL
ELITEK
ELLENCE
ELOXATIN
ELSPAR
EMPLICITI (PA)
ERBITUX (PA)
ERWINAZE
ETHYOL
ETOPOPHOS
FASLODEX (PA)
FLUDARA
fludarabine phosphate
FOLOTYN
Fulvestrant (PA)
GEMZAR
GAZYVA* (PA)
HALAVEN
HERCEPTIN (PA)
HERCEPTIN HYLECTA* (PA)
HYCAMTIN
HYDROXYPROGESTERONE CAPROATE
IDAMYCIN PFS
IFEX
IMFINZI (PA)
ISTODAX
IXEMPRA
JEVTANA
KADCYLA (PA)
KANJINTI (PA)
KEYTRUDA (PA)
KHAPZORY
KYPROLIS (PA)
LARTRUVO (PA)
LEUCOVORIN CALCIUM
LEUSTATIN
LIPODOX
LUTATHERA
MARQIBO
MESNEX
mitomycin
mitoxantrone
MVASI (PA)
MUSTARGEN
NAVELBINE
NIPENT
OGIVRI (PA)
ONCASPAR
ONIVYDE
OPDIVO (PA)
PERJETA (PA)
PHOTOFRIN
POLIVY (PA)
PORTRAZZA*
POTELIGEO*
PROLEUKIN
PROVENGE (PA)
RITUXAN (PA)
RITUXAN HYCELA (PA)
romidepsin
SYNRIBO*
TAXOTERE
TECENTRIQ (PA)
TENIPOSIDE
THIOTEPA
THYROGEN
TICE BCG
topotecan
TORISEL
TREANDA (PA)
TRELSTAR DEPOT/LA
TRISENOX
UNITUXIN
VALSTAR
VANTAS
VECTIBIX (PA)
VELCADE (PA)
VYXEOS
VIDAZA
VINCASPAR PFS
VINCRISTINE SULFATE
VUMON
YERVOY (PA)
YONDELIS (PA)
ZALTRAP* (PA)
ZANOSAR

(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.

AllianceRx Walgreens Prime is a separate and independent central specialty and home delivery pharmacy that provides services to eligible Blue Cross and Blue Shield members. 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. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime. Each Blue Cross and Blue Shield Plan is an independent licensee of the Blue Cross and Blue Shield Association.

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ZOLADEX

Pulmonary Hypertension

VELETRI*

Viscosupplements

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

Others

BOTOX (PA)
DYSPORT (PA)
JETREA*
KRYSTEXXA (PA)
KYLEENA
MAKENA (PA)
MICRHOGAM
ULTRA-FILTERED
MIRENA
MYOBLOC (PA)
NEXPLANON
ONPATTRO* (PA)
RADICAVA* (PA)
RHOGAM
RHOPHYLAC
RIASTAP
SKYLA
SPINRAZA* (PA)
SPRAVATO (PA)
SUBLOCADE (PA)
SYLVANT
TROGARZO (PA)
VIVITROL (PA)
WINRHO SDF
XEOMIN (PA)
XIAFLEX* (PA)
ZOLGENSMA* (PA)

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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 નિઃશુલ્ક ઉપલબ્ધ છે. 1-855-216-3144 પર કૉલ 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 निःशुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें।

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 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。