

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.

Autoimmune

ACTEMRA SC (PA)
 ARCALYST *(PA)
 BENLYSTA (PA)
 CIMZIA (PA)
 COSENTYX (PA)
 DUPIXENT (PA)
 ENBREL (PA)
 HUMIRA (PA)
 ILARIS (PA)
 KEVZARA (PA)
 KINERET *(PA)
 OLUMIANT (PA)
 ORENCIA SQ (PA)
 OTEZLA (PA)
 SILIQ (PA)
 SIMPONI (PA)
 STELARA (PA)
 TALTZ (PA)
 TREMFYA (PA)
 XELJANZ (PA)

Blood Modifiers

ARANESP
 DOPTLET (PA)
 EPOGEN
 FULPHILA
 GRANIX
 LEUKINE
 MOZOBIL
 MULPLETA (PA)
 NEULASTA
 NEUMEGA
 NEUPOGEN
 NIVESTYN
 PROCRIT
 PROMACTA (PA)
 RETACRIT
 UDENYCA
 ZARXIO

Cancer – Injectable

ELIGARD
 FIRMAGON
 SYLATRON (PA)
 SYNTRIBO*

Cancer - Oral

TADALAFIL (PA)
 AFINITOR / DISPERZ (PA)
 ALECENSA* (PA)
 ALUNBRIG* (PA)
 bexarotene (PA)
 BOSULIF (PA)
 BRAFTOVI* (PA)

CABOMETYX (PA)
 CALQUENCE* (PA)
 capecitabine (PA)
 CAPRELSA *(PA)
 COMETRIQ *(PA)
 COPIKTRA* (PA)
 COTELLIC (PA)
 ERIVEDGE (PA)
 ERLEADA (PA)
 FARYDAK (PA)
 GILOTRIF *(PA)
 GLEEVEC (PA)
 HEXALEN (PA)
 HYCAMTIN (PA)
 IBRANCE (PA)
 IDHIFA (PA)
 ICLUSIG *(PA)
 imatinib mesylate (PA)
 IMBRUVICA *(PA)
 INLYTA (PA)
 IRESSA* (PA)
 JAKAFI (PA)
 KISQALI (PA)
 KISQALI FEMARA (PA)
 LENVIMA *(PA)
 LONSURF (PA)
 LYNPARZA* (PA)
 LYSODREN* (PA)
 MATULANE (PA)
 MEKINIST (PA)
 MEKTOVI* (PA)
 NERLYNX* (PA)
 NEXAVAR (PA)
 NINLARO (PA)
 ODOMZO (PA)
 POMALYST (PA)
 PURIXAN
 REVLIMID (PA)
 RUBRACA*(PA)
 RYDAPT (PA)
 SPRYCEL (PA)
 STIVARGA (PA)
 SUTENT (PA)
 TAFINLAR (PA)
 TAGRISSO* (PA)
 TALZENNA (PA)
 TARCEVA (PA)
 TARGRETIN (PA)
 TASIGNA (PA)
 TEMODAR (PA)
 temozolomide (PA)
 THALOMID (PA)
 TIBSOVO (PA)
 tretinoin (PA)
 TYKERB (PA)

VENCLEXTA* (PA)
 VERZENIO (PA)
 VIZIMPRO (PA)
 VOTRIENT (PA)
 XALKORI (PA)
 XELODA (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)

Enzyme Deficiencies

BUPHENYL (PA)
 CARBAGLU *(PA)
 CERDELGA (PA)
 CYSTAGON *
 GALAFOLD
 KUVAN (PA)
 miglustat (PA)
 MYALEPT*(PA)
 NITYR*
 ORFADIN *
 PALYNZIQ* (PA)
 RAVICTI (PA)
 sodium
 phenylbutyrate (PA)
 STRENSIQ* (PA)
 SUCRAID *
 ZAVESCA *(PA)

Fertility&Pregnancy

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

IVIDREL
 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)
 ZORBITIVE (PA)

HAE

BERINERT (PA)
 FIRAZYR (PA)
 HAEGARDA (PA)
 KALBITOR *(PA)
 RUCONEST (PA)
 TAKHZYRO* (PA).

Hemophilia

ADVATE
 ADYNOVATE
 AFSTYLA
 ALPHANATE
 ALPHANINE SD
 ALPROLIX
 BEBULIN/ VH
 BENEFIX
 COAGADEX*
 CORIFACT *
 ELOCTATE
 FEIBA NF/VH
 HELIXATE FS
 HEMLIBRA
 HEMOFIL M
 HUMATE-P
 IDELVION
 IXINITY
 JIVI
 KOATE-DVI
 KOGENATE FS
 KOVALTRY
 MONOCLATE-P
 MONONINE
 NOVOEIGHT
 NOVOSEVEN/ RT
 NUWIQ
 OBIZUR

PROFILNINE SD
 RECOMBINATE
 REBINYN
 RIXUBIS
 TRETEN *
 VONVENDI*
 WILATE
 XYNTHA

Hepatitis C

COPEGUS
 DAKLINZA (PA)
 EPCLUSA (PA)
 HARVONI (PA)
 INTRON-A
 LEDIPASVIR
 /SOFOSBUVIR
 MAVYRET (PA)

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Key

- * Limited Distribution
- (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

PEGASYS (PA)	AUSTEDO*
OLYSIO (PA)	CHENODAL*
PEG-INTRON (PA)	CHOLBAM*
REBETOL	CUPRIMINE
RIBAPAK	CUVITRU*(PA)
RIBASPHERE	CYSTARAN
RIBATAB	DEPEN TITRATABS
ribavirin	DROXIA
SOFOSBUVIR/	ENDARI* (PA)
VELPATASVIR	EXJADE
SOVALDI (PA)	EPIDIOLEX (PA)
TECHNIVIE (PA)	EMFLAZA*(PA)
VIEKIRA (PA)	FERRIPROX *
VOSEVI (PA)	FORTEO (PA)
ZEPATIER (PA)	GAMMAGARD LIQUID (PA)
	GAMUNEX-C (PA)
	GATTEX *(PA)
	GOCOVRI (PA)
	HIZENTRA (PA)
	H.P. ACTHAR (PA)
	HYQVIA (PA)
	INGREZZA*
	JADENU
	JUXTAPID (PA)*
	JYNARQUE
	KORLYM *(PA)
	KYNAMRO (PA)
	leuprolide acetate
	LUPENTA KIT
	LUPRON DEPOT/ PED
	NATPARA (PA)
	OCALIVA (PA)
	octreotide acetate
	PRALUENT (PA)
	PROCYSBI*
	REPATHA (PA)
	RIASTAP
	RILUTEK
	riluzole
	SAMSCA
	SANDOSTATIN/ LAR
	SIGNIFOR *(PA)
	SIKLOS
	SOMATULINE DEPOT
	SOMAVERT
	SYPRINE
	TAVALISSE* (PA)
	tetrabenazine
	THROMBATE III
	TIGLUTIK*
	trientine hydrochloride
	TRIPTODUR*
	TYMLOS (PA)
	VALCHLOR *
	VISTOGARD *
	XENAZINE
	XERMELO* (PA)
	XURIDEN *
	XYREM *(PA)

HIV

FUZEON

Lung Disorders

ACTIMMUNE

ESBRIET (PA)

GLASSIA

OFEV (PA)

Multiple Sclerosis

AMPYRA (PA)

AUBAGIO

AVONEX

BETASERON

COPAXONE

dalfampridine (PA)

EXTAVIA

GILENYA

Glatopa

PLEGRIDY

REBIF

TECFIDERA

ZINBRYTA (PA)

Pulmonary

Hypertension

ADCIRCA (PA)

ADEMPAS *(PA)

epoprostenol sodium *

FLOLAN *

LETAIRIS (PA)

OPSUMIT* (PA)

ORENITRAM *(PA)

REMODULIN *

REVIATIO (PA)

sildenafil citrate tabs

tadalafil (PA)

TRACLEER (PA)

TYVASO *(PA)

UPTRAVI*(PA)

VENTAVIS *(PA)

Others

ALFERON N

APOKYN*

Key

* Limited Distribution

(DT) Duplicate Therapy

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Notice of Nondiscrimination

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- 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。