

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)
AVSOLA (PA)
BENLYSTA IV* (PA)
CIMZIA (PA)
ENTYVIO (PA)
ILUMYA (PA)
INFLECTRA (PA)
ORENCIA (PA)
REMICADE (PA)
RENFLEXIS (PA)
SIMPONIA ARIA (PA)
STELARA (PA)

Blood Modifiers

ADAKVEO (PA)
ATRYN
CABLIVI
FULPHILA (PA)
GIVLAARI (PA)
GRANIX (PA)
LEUKINE (PA)
NEULASTA (PA)
NEULASTA ONPRO KIT (PA)
NEUPOGEN (PA)
NIVESTYN (PA)
NPLATE (PA)
REBLOZYL (PA)
UDENYCA (PA)
ZARXIO (PA)
ZIENTENZO (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
TEPEZZA (PA)
TRIPTODUR*
XGEVA
zoledronic acid
ZOMETA

Hematological

BERINERT* (PA)
CINRYZE* (PA)
FIRAZYR (PA)
HAEGARDA (PA)
KALBITOR* (PA)
RUCONEST* (PA)
SOLIRIS* (PA)
TAKHZYRO* (PA)
ULTOMIRIS (PA)

Immune Globulins

ASCENIV (PA)
BIVIGAM (PA)
CARIMUNE (PA)
CUTAQUIG (PA)
CUVITRU* (PA)
CYTOGAM
FLEBOGAMMA DIF (PA)
GAMASTAN S/D
GAMMAGARD LIQUID (PA)
GAMMAGARD S/D (PA)
GAMMAKED (PA)
GAMMAPLEX (PA)
GAMUNEXC (PA)
HIZENTRA* (PA)
HYQVIA (PA)
OCTAGAM (PA)
PANZYGA (PA)
PRIVIGEN (PA)
XEMBIFY (PA)

Immunosuppressants

ATGAM
GAMIFANT (PA)
SIMULECT

Lung Disorders

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

Macular Degeneration

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

Multiple Sclerosis

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

Ophthalmic

ILUVIEN
LUXTURNA (PA)
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
BLENREP (PA)
BLINCYTO* (PA)
bortezomib (PA)
CAMP TOSAR
CERUBIDINE
cladribine
CLOLAR
CLOFARABINE
COSMEGEN
CYRAMZA* (PA)
CYTARABINE/AQ
DACARBAZINE
DACOGEN
daunorubicin
DARZALEX (PA)
DARZALEX FASPRO (PA)
DEPOCYT
DOXL
DOXORUBICIN HCL
ELITEK
ELLEENCE
ELOXATIN
ELSPAR
EMPLICITI (PA)
ENHERTU (PA)
ERBITUX (PA)
ERWINAZE
ETHYOL
ETOPOPHOS
EVOMELA (PA)
FASLODEX (PA)
FLUDARA
fludarabine phosphate
FOLOTYN
Fulvestrant (PA)
GEMZAR
GAZYVA* (PA)
HALAVEN
HERCEPTIN (PA)
HERCEPTIN HYLECTA* (PA)
HERZUMA (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
MONJUVI (PA)

MVASI (PA)
MUSTARGEN
NAVELBINE
NIPENT
OGIVRI (PA)
ONCASPAR
ONIVYDE
ONTRUZANT (PA)
OPDIVO (PA)
PADCEV (PA)
PERJETA (PA)
PHESGO (PA)
PHOTOFRIN
POLIVY (PA)
PORTRAZZA*
POTELIGEO*
PROLEUKIN
PROVENGE (PA)
RITUXAN (PA)
RITUXAN HYCELA (PA)
Romidepsin
RUXIENCE (PA)
SARCLISA (PA)
SYNRIBO*
TAXOTERE
TECAR TUS (PA)
TECEN TRIQ (PA)
TENIPOSIDE
THIOTEPA
THYROGEN
TICE BCG
topotecan

(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 a 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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TORISEL	SPRAVATO (PA)
TRAZIMERA (PA)	SUBLOCADE (PA)
TREANDA (PA)	SYLVANT
TRELSTAR DEPOT/LA	TROGARZO (PA)
TRISENOX	UPLIZNA* (PA)
TRODELVY (PA)	VIVITROL (PA)
TRUXIMA (PA)	VYEPTI (PA)
UNITUXIN	WINRHO SDF
VALSTAR	XEOMIN
VANTAS	XIAFLEX* (PA)
VECTIBIX (PA)	ZOLGENSMA* (PA)
VELCADE (PA)	
VYXEOS	
VIDAZA	
VINCASAR PFS	
VINCRISTINE SULFATE	
VUMON	
YERVOY (PA)	
YONDELIS (PA)	
ZALTRAP* (PA)	
ZANOSAR	
ZEPZELCA (PA)	
ZIRABEV (PA)	
ZOLADEX	

Pulmonary Hypertension

VELETRI*

Viscosupplements

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

Others

BOTOX (PA)
DYSPORT
FENSOLVI
JETREA*
KRYSTEXXA (PA)
KYLEENA
MAKENA (PA)
MICRHOGAM
ULTRA-FILTERED
MIRENA
MYOBLOC (PA)
NEXPLANON
ONPATTRO* (PA)
RADICAVA* (PA)
RHOGAM
RHOPHYLAC
RIASTAP
SCENESSE (PA)
SKYLA
SPINRAZA* (PA)

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