

# 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.**

### **ADHD**

SUNOSI (PA)

### **Anti-infective**

ARIKAYCE (PA)\*

SIRTURO\*

### **Autoimmune**

ACTEMRA SC\* (PA)

ARCALYST\* (PA)

BENLYSTA SC\* (PA)

CIMZIA (PA)

COSENTYX\* (PA)

DUPIXENT (PA)

ENBREL (PA)

FIRDAPSE\*

HUMIRA (PA)

ILARIS\* (PA)

KEVZARA (PA)

KINERET\* (PA)

OLUMIANT\* (PA)

ORENCIA SQ (PA)

OTEZLA\* (PA)

RINVOQ (PA)

SILIQ (PA)

SIMPONI (PA)

STELARA (PA)

TALTZ\* (PA)

TREMFYA (PA)

XELJANZ (PA)

### **Blood Modifiers**

ARANESP

CABLIVI\*

DOPTelet\* (PA)

EPOGEN

GRANIX

LEUKINE

MOZOBI

MULPLETA (PA)

NEULASTA

NEULASTA ONPRO KIT

NEUPOGEN

PROCRIT

PROMACTA (PA)

RETACRIT

UDENYCA

ZARXIO

### **Cancer – Injectable**

ELIGARD

FIRMAGON

SYLATRON (PA)

SYNRIBO\*

### **Cancer - Oral**

abiraterone acetate (PA)

AFINITOR / DISPERZ (PA)

ALECENSA\* (PA)

ALUNBRIG\* (PA)

BALVERSA\* (PA)

bexarotene (PA)

BOSULIF (PA)

BRAFTOVI\* (PA)

CABOMETYX\* (PA)

CALQUENCE\* (PA)

capecitabine (PA)

CAPRELSA\* (PA)

COMETRIQ\* (PA)

COPIKTRA\* (PA)

COTELLIC\* (PA)

DAURISMO\* (PA)

ERIVEDGE\* (PA)

ERLEADA\* (PA)

erlotinib hydrochloride

everolimus (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)

LORBRENA\* (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)

VITRAKVI\* (PA)

VIZIMPRO (PA)

VOTRIENT (PA)

XALKORI\* (PA)

XELODA (PA)

XOSPATA (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)

### **Endocrine**

FORTEO (PA)

H.P. ACTHAR (PA)

JYNARQUE\*

LUPENTA KIT

LUPRON DEPOT/ PED

NATPARA\* (PA)

octreotide acetate

SAMSCA\*

SANDOSTATIN/ LAR

SIGNIFOR\* (PA)

SOMATULINE DEPOT\*

SOMAVERT\*

TRIPTODUR\*

TYMLOS (PA)

XURIDEN\*

### **Enzyme Deficiencies**

BUPHENYL (PA)

CARBAGLU\* (PA)

CERDELGA (PA)

CYSTAGON\*

GALAFOLD

KUVAN\* (PA)

miglustat (PA)

MYALEPT\* (PA)

NITYR\*

ORFADIN\*

nitisinone

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

OVIDREL

PREGNYL

### **Growth Hormones**

GENOTROPIN (PA)

HUMATROPE (PA)

INCRELEX\*

NORDITROPIN (PA)

NUTROPIN/ AQ (PA)

OMNITROPE (PA)

SAIZEN (PA)

SEROSTIM (PA)

ZOMACTON (PA)

ZORBTIVE (PA)

### **HAE**

KALBITOR\* (PA)

TAKHZYRO\* (PA).

### **Hematological**

BERINERT\* (PA)

FIRAZYR (PA)

HAEGARDA\* (PA)

RUCONEST\* (PA)

### **Hemophilia**

ADVATE (PA)

ADYNOVATE (PA)

AFSTYLA (PA)

ALPHANATE (PA)

ALPHANINE SD (PA)

ALPROLIX (PA)

BEBULIN/ VH (PA)

BENEFIX (PA)

COAGADEX\* (PA)

CORIFACT\* (PA)

ELOCTATE (PA)

ESPEROCT (PA)

FEIBA NF/VH (PA)

HELIXATE FS (PA)

FIBRYGA (PA)

HEMLIBRA\* (PA)

HEMOFIL M (PA)

HUMATE-P (PA)

IDELVION (PA)

IXINITY (PA)

JIVI (PA)

KOATE-DVI (PA)

KOGENATE FS (PA)

KOVALTRY (PA)

MONOCLATE-P (PA)

MONONINE (PA)

NOVOEIGHT (PA)

NOVOSEVEN/ RT (PA)

NUWIQ\* (PA)

OBIZUR (PA)

PROFILNINE SD (PA)

RECOMBINATE (PA)

REBINYN (PA)

*(Continued on Page 2)*

### **Key**

\*Prime Limited Distribution Network

(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.

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RIXUBIS (PA)	GILENYA	JADENU
TRETTEN (PA)	GLATOPIA	JUXTAPID (PA)*
VONVENDI* (PA)	HIZENTRA (PA)	KORLYM *(PA)
WILATE (PA)	MAVENCLAD (PA)	KYNAMRO (PA)
XYNTHA (PA)	MAYZENT (PA)	leuprolide acetate
<b><u>Hepatitis C</u></b>	PLEGRIDY	NORTHERA
COPEGUS	REBIF	OCALIVA* (PA)
DAKLINZA (PA)	TECFIDERA*	OXERVATE (PA)
EPCLUSA (PA)	<b><u>Pulmonary</u></b>	penicillamine
HARVONI (PA)	<b><u>Hypertension</u></b>	PROCYSBI*
INTRON-A*	ADCIRCA (PA)	RIASTAP
LEDIPASVIR	ADEMPAS *(PA)	RILUTEK
SOFOSBUVIR MAVYRET (PA)	alyq	riluzole
PEGASYS (PA)	ambrisentan (PA)	SIKLOS
OLYSIO (PA)	bosentan (PA)	SYMPAZAN
PEG-INTRON (PA)	epoprostenol sodium *	SYPRINE
REBETOL	FLOLAN *	TAVALISSE* (PA)
RIBAPAK	LETAIRIS (PA)	TEGSEDI (PA)*
RIBASPHERE	OPSUMIT* (PA)	tetrabenazine
ribavirin	ORENITRAM *(PA)	THROMBATE III
OFOBSUVIR/ VELPATASVIR	REMODULIN *	TIGLUTIK*
SOVALDI (PA)	REVATIO (PA)	trientine hydrochloride
TECHNIVIE (PA)	sildenafil citrate tabs	VALCHLOR
VIEKIRA (PA)	tadalafil (PA)	VISTOGARD *
VOSEVI (PA)	TRACLEER* (PA)	VYNDAMAX (PA)
ZEPATIER (PA)	TYVASO *(PA)	XENAZINE*
<b><u>HIV</u></b>	UPTRAVI*(PA)	XENLETA*
FUZEON	VENTAVIS *(PA)	XERMELO* (PA)
<b><u>Immune Globulins</u></b>	<b><u>Others</u></b>	XYREM *(PA)
CUTAQUIG (PA)	ALFERON N	
CUVITRU*	APOKYN*	
GAMMAGARD LIQUID (PA)	AUSTEDO	
GAMMAKED (PA)	CHENODAL*	
GAMUNEX-C	CHOLBAM	
HYQVIA (PA)	clovique	
XEMBIFY (PA)	CUPRIMINE	
<b><u>Immunosuppressants</u></b>	CUVITRU* (PA)	
NUCALA AUTO-INJECT (PA)	CYSTADANE*	
<b><u>Insomnia</u></b>	CYSTARAN*	
HETLIOZ	DEPEN TITRATABS	
<b><u>Lung Disorders</u></b>	DIACOMIT	
ACTIMMUNE	DROXA	
ESBRIET (PA)	ENDARI (PA)	
GLASSIA	EXJADE	
NUCALA (PA)	EPIDIOLEX (PA)	
OFEV (PA)	EMFLAZA*(PA)	
<b><u>Multiple Sclerosis</u></b>	FERRIPROX *	
AMPYRA (PA)	GAMMAGARD LIQUID (PA)	
AUBAGIO	GAMUNEX-C (PA)	
AVONEX	GATTEX *(PA)	
BETASERON	GOCOVRI (PA)	
COPAXONE	HIZENTRA (PA)	
dalfampridine (PA)	HYQVIA (PA)	
EXTAVIA	INBRIJA*	
	INGREZZA*	

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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。