**Prime Therapeutics 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.

### Anti-infective
- AFINITOR / DISPERZ (PA)
- ALECSNA* (PA)
- ALUNBRIG* (PA)
- BALVERS® (PA)
- bexarotene (PA)
- BOSULIF (PA)
- BRAFTOVI* (PA)
- BRUKINSA* (PA)
- CABOMETY X* (PA)
- CALQUENCE* (PA)
- capoeptabine (PA)
- COTELLC* (PA)
- DAURISMO® (PA)
- ERIVEDGE® (PA)
- ERLEADA* (PA)
- everolimus (PA)
- FARYDAX (PA)
- GILOTRIF * (PA)
- GLEYVE® (PA)
- HEXALEN (PA)
- HYCAMTIN (PA)
- IDIFA (PA)
- ICLUSIG* (PA)
- imatinib mesylate (PA)
- IMBRUVICA* (PA)
- INLYTA* (PA)
- INREBIC (PA)
- IRESSA* (PA)
- JAKAFI® (PA)
- KISQALI (PA)
- KISQALI FEMARA (PA)
- KISQALI (PA)
- KISQALI FEMARA (PA)
- lapatinib ditosylate (PA)
- LENVIMA® (PA)
- LONSURF* (PA)
- LORBRENA* (PA)
- LYNPARZA® (PA)
- MEXINIST (PA)
- MEKTOVI® (PA)
- NERLYN®X (PA)
- NEXAVAR (PA)
- NINLARO* (PA)
- ODOMZ* (PA)
- PEMAZYRE® (PA)
- PIGRAY (PA)
- POMALYST® (PA)
- PURIXAN * (PA)
- REVLIMID® (PA)
- ROZLYREK (PA)
- RUBRACA® (PA)
- RYDAPT (PA)
- SPRYCEL (PA)
- STIVARGA* (PA)
- SUENT (PA)
- TABRECA (PA)
- TAFINLAR (PA)
- TALZENNA® (PA)
- TARGEVIA* (PA)
- TARGRETIN (PA)
- TASIGNA (PA)
- TEMODAR (PA)
- THALOMID® (PA)
- TIBSOVO® (PA)
- tretinoin (PA)
- TYSEDIUM (PA)
- USTOLDER (PA)
- VARZERA (PA)
- VELCADE* (PA)
- VELPBRIS (PA)
- VERZENIX* (PA)
- VITRUVIT® (PA)
- VITRUVIA® (PA)
- WANDER (PA)

### Autoimmune
- ACTEMRA SC* (PA)
- ARCASYT (PA)
- BENLYSTA SC* (PA)
- CIMZIA (PA)
- COSENTY X* (PA)
- DUPIXENT (PA)
- EMBREL (PA)
- FIRDAPSE® (PA)
- HUMIRA (PA)
- ILARIS* (PA)
- KEVZARA (PA)
- KINERET® (PA)
- OLUMIANT® (PA)
- ORENCIA SQ (PA)
- OTEZLA® (PA)
- RINVOQ (PA)
- SILIQ (PA)
- SIMPONI (PA)
- STELARA (PA)
- TALZÆ* (PA)
- TREMFIYA (PA)
- XELJANZ (PA)

### Blood Modifiers
- ARANESP
- CABLIVI®
- DOPTLET® (PA)
- EPOGEN
- GRANIX
- LEUKINE
- MOZobil
- MULPLETA (PA)
- NEULASTA
- NEULASTA ONPRO KIT
- NEUPOGEN
- PROCRIT
- RETACRIT
- UDENYCA
- ZARXIO

### Cancer – Injectable
- ELIGARD
- FIRMAGON
- SYLATRON (PA)
- SYNRIBO®
- abiraterone acetate (PA)
- ELOCTATE (PA)
- CORIFACT ® (PA)
- COAGADEX* (PA)
- BENEFIX (PA)
- ALPROLIX (PA)
- BEBULIN/ VH (PA)
- BENEFIX (PA)
- COAGADEX® (PA)
- CORIFACT ® (PA)
- ELOCTATE (PA)
- ESPEROC T (PA)

### Cancer – Oral
- TAKHZYRO* (PA)
- HEMATOLOGICAL
- ADVATE (PA)
- ADVINACA (PA)
- AFSTYLA (PA)
- ALPHANATE (PA)
- ALPHANINE SD (PA)
- ALPROLIX (PA)
- BEMulen/ VH (PA)
- BENEFIX (PA)
- COAGADEX® (PA)
- CORIFACT ® (PA)
- ELOCTATE (PA)
- ESPEROC T (PA)

### Enzyme Deficiencies
- Key

### Fertility & Pregnancy
- BRAVELLE
- CRETOTIDE
- chorionic gonadotropin
- follistim Aq
- GANIRELIX ACETATE GONAL-F / RFF
- MENOPUR
- NOVALRE
- OVIDREL
- PREGNYL

### Growth Hormones
- GENOTROPIN (PA)
- HUMATROPE (PA)
- INCRELEX®
- NORDITROPIN (PA)
- NUTROPIN / AQ (PA)
- OMNITROPE (PA)
- SAIZEN (PA)
- ZOMACTON (PA)
- ZORBITIVE (PA)

### Hemophilia
- HAET
- KALBITOR* (PA)

### 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). 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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**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 healthcare professional; and usually not stocked at retail pharmacies.

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<table>
<thead>
<tr>
<th>Category</th>
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<td>XYREM (PA)*</td>
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</tbody>
</table>

**Key**

- **Prime Limited Distribution Network**
- **ST** Requires Prior Authorization

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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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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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