

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.

FOR PEEHIP Members Only Coverage excludes the provider-administered medications outlined in this drug policy from being accessed through a specialty pharmacy. It must be obtained through buy and bill. Lemtrada is the only exception, and Lemtrada will require the use of a Specialty Pharmacy

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
ILUMYA
INFLECTRA (PA)
INFLIXIMAB (PA)
ORENCIA (PA)
REMICADE (PA)
RENFLEXIS (PA)
SAPHNELO* (PA)
SIMPONI ARIA (PA)
STELARA (PA)

Blood Modifiers

ADAKVEO*
CABLIVI*
FULPHILA (PA)
GIVLAARI
GRANIX (PA)
LEUKINE (PA)
NEULASTA (PA)
NEULASTA ONPRO KIT (PA)
NEUPOGEN (PA)
NPLATE (PA)
NYVEPRIA (PA)
REBLOZYL* (PA)
UDENYCA (PA)
ZARXIO (PA)
ZIENTENZO (PA)

Enzyme Deficiencies

ALDURAZYME (PA)
BRINEURA* (PA)
CEREZYME (PA)
ELAPRASE (PA)
ELELYSO (PA)
FABRAZYME (PA)
KANUMA (PA)
LUMIZYME (PA)
MEPSEVII (PA)
NAGLAZYME (PA)
NEXVIAZYME (PA)
REVCOVI* (PA)

VIMIZIM (PA)
VPRIV (PA)

Endocrine

BONIVA (PA)
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

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 (PA)
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)
NULOJIX
SIMULECT

Lung Disorders

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

Macular Degeneration

BEOVU (PA)
EYLEA
LUCENTIS (PA)
MACUGEN
VISUDYNE

Multiple Sclerosis

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

Ophthalmic

ILUVIEN
LUXTURN (PA)
OZURDEX
SUSVIMO (PA)

Oncology

ABECMA* (PA)
ABRAXANE
ADCETRIS (PA)
ADRIAMYCIN
ADRUCIL*
ALIMTA
ALIQOPA*
ALKERAN
ARRANON
arsenic
ARZERRA

ASPARLAS
AVASTIN (PA)
azacitidine
BAVENCIO* (PA)
BELEODAQ*
BENDEKA (PA)
BESPONSA (PA)
BICNU
BLENREP (PA)
BLINCYTO* (PA)
bortezomib *(PA)
BREYANZI
CAMPTOSAR
carmustine
cladribine
CLOLAR
CLOFARABINE*
COSMEGEN
CYRAMZA
CYTARABINE/AQ
DACARBAZINE
DACOGEN
dactinomycin
DANYELZA* (PA)
daunorubicin
DARZALEX (PA)
DARZALEX FASPRO (PA)
decitabine
docetaxel
DOXIL
DOXORUBICIN HCL
ELITEK*
ELLENC
EMPLICITI (PA)
ENHERTU
ERBITUX (PA)
ERWINASE*
ERWINAZE*
ETHYOL
ETOPOPHOS
EVOMELA (PA)
FASLODEX (PA)
fludarabine phosphate*
FOLOTYN
fulvestrant
GAZYVA
HALAVEN
HERCEPTIN
HERCEPTIN HYLECTA (PA)
HERZUMA (PA)

HYCANTIN
HYDROXYPROGESTERONE
CAPROATE
IDAMYCIN PFS
IFEX
IMFINZI (PA)
irinotecan*
ISTODAX
IXEMPRA
JELMYTO* (PA)
JEMPERLI (PA)
JEVTANA
KADCYLA (PA)
KANJINTI (PA)
KEYTRUDA* (PA)
KHAPZORY
KYPROLIS *(PA)
LARTRUVO (PA)
LEUCOVORIN CALCIUM
LUTATHERA
MARGENZA* (PA)
MARQIBO*
melphalan*
mesna
MESNEX
mitomycin
mitoxantrone

(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.

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MONJUVI (PA)	VYXEOS*	SYLVANT
MVASI (PA)	VIDAZA	TROGARZO (PA)
NAVELBINE	VINCRISTINE SULFATE*	UPLIZNA* (PA)
nelarabine	YERVOY (PA)	VILTEPSO*
NIPENT	YONDELIS* (PA)	VIVITROL (PA)
OGIVRI (PA)	ZALTRAP (PA)	VYEPTI*
ONCASPAR	ZANOSAR	WINRHO SDF*
ONIVYDE*	ZEPZELCA (PA)	XEOMIN
ONTRUZANT* (PA)	ZIRABEV (PA)	XIAFLEX* (PA)
OPDIVO (PA)	ZOLADEX	ZOLGENSMA (PA)
PADCEV (PA)	ZYNLONTA* (PA)	

Pulmonary Hyperten-

sion

UPTRAVI
VELETRI

Viscosupplements

HYALGAN
ORTHOVISC (PA)
SODIUM HYALURONATE* (PA)
SYNVISC (PA)
SYNVISC ONE (PA)

Others

BCG VACCINE
DOJOLVI
DYSPORT
EXONDYS 51*
FENSOLVI*
JETREA*(PA)
KRYSTEXXA (PA)
KYLEENA*
MAKENA (PA)
MICRHOGAM
ULTRA-FILTERED
MIRENA*
MYOBLOC (PA)
NEXPLANON
ONPATTRO* (PA)
OXLUMO* (PA)
RADICAVA* (PA)
RHOGAM
RHOPHYLAC
SCENESSE* (PA)
SKYLA*
SPINRAZA (PA)
SPRAVATO* (PA)
SUBLOCADE (PA)

RYLASE
SARCLISA* (PA)
SYNRIBO*
TAXOTERE
TECARTUS (PA)
TECENTRIQ (PA)
temsirolimus
TENIPOSIDE
THIOTEPA
THYROGEN
TICE BCG
TIVDAK (PA)
topotecan
TORISEL
TRAZIMERA (PA)
TREANDA (PA)
TRELSTAR DEPOT/LA
TRISENOX
TRODELVY*
TRUXIMA (PA)
UNITUXIN*
VALSTAR
VANTAS
VECTIBIX (PA)
VELCADE (PA)

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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. Each Blue Cross and Blue Shield Plan is an independent licensee of the Blue Cross and Blue Shield Association.
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