



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.

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. The in-network specialty pharmacies are Accredo Health Group, Inc. (1-888-608-9010) and CVS/Caremark (1-800-237-2767). However, please check member benefits for a complete list of in-network pharmacies available.

Androgens

AVEED*
TESTOPEL* (PA)

Autoimmune

ACTEMRA (PA)
AVSOLA* (PA)
BENLYSTA IV (PA)
CIMZIA (PA)
ENTYVIO (PA)
ILUMYA (PA)
INFLECTRA (PA)
INFLIXIMAB (PA)
ORENCIA (PA)
REMICADE (PA)
RENFLEXIS (PA)
SAPHNELO* (PA)
SIMPONI ARIA (PA)
STELARA (PA)

Blood Modifiers

ADAKVEO*
CABLIVI*
FULPHILA (PA)
GIVLAARI (PA)
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)
REVCIVI* (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
ENJAYMO (PA)
GAMIFANT* (PA)
NULOJIX
SIMULECT
VYVGART

Lung Disorders

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

Macular Degeneration

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

Multiple Sclerosis

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

Ophthalmic

ILUVIEN
LUXTURNA (PA)
OZURDEX
SUSVIMO (PA)

Oncology

ABECMA* (PA)
ABRAXANE (PA)
ADCETRIS (PA)
ADRIAMYCIN
ADRUCIL*
ALIMTA (PA)
ALIQOPA*
ALKERAN
ARRANON
arsenic
ARZERRA (PA)
ASPARLAS
AVASTIN (PA)
azacitidine
BAVENCIO* (PA)
BELEODAQ*
BENDEKA (PA)
BESPONSA (PA)
BICNU
BLENREP (PA)
BLINCYTO* (PA)
bortezomib* (PA)
BREYANZI (PA)
CAMPTOSAR
carmustine
CARVYTKI (PA)
cladribine
CLOLAR
CLOFARABINE*
COSMEGEN
CYRAMZA
CYTARABINE/AQ
DACARBAZINE
DACOGEN
dactinomycin
DANYELZA* (PA)
daunorubicin
DARZALEX (PA)
DARZALEX FASPRO (PA)
decitabine
docetaxel
DOXIL
DOXORUBICIN HCL
ELITEK* (PA)
ELLENCE
EMPLICITI (PA)
ENHERTU (PA)
ERBITUX (PA)
ERWINASE*
ERWINAZE*
ETHYOL
ETOPOPHOS
EVOMELA (PA)
FASLODEX (PA)
fludarabine phosphate*
FOLOTYN
fulvestrant
FYARRO
GAZYVA (PA)
HALAVEN
HERCEPTIN
HERCEPTIN HYLECTA (PA)
HERZUMA (PA)
HYCAMTIN
HYDROXYPROGESTERONE
CAPROATE
IDAMYCIN PFS
IFEX
IMFINZI (PA)
irinotecan*
ISTODAX
IXEMPRA (PA)
JELMYTO* (PA)
JEMPERLI (PA)
JEVTANA
KADCYLA (PA)
KANJINTI (PA)
KEYTRUDA* (PA)

KHAPZORY
KIMMTRAX (PA)
KYPROLIS* (PA)
LARTRUVO (PA)
LEUCOVORIN CALCIUM
LUTATHERA
MARGENZA* (PA)
MARQIBO*
melphalan*
mesna
MESNEX
mitomycin
mitoxantrone
MONJUVI (PA)
MVASI (PA)
NAVELBINE
nelarabine
DOXIL
NIPENT
OGIVRI (PA)
ONCASPAR
ONIVYDE*
ONTRUZANT* (PA)
OPDIVO (PA)
OPDUALAG (PA)
PADCEV (PA)
RELEUKO (PA)

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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.

Oncology

PEMFEXY
 PERJETA (PA)
 PHESGO (PA)
 PHOTOFRIN*
 POLIVY (PA)
 PORTRAZZA (PA)
 POTELIGEO*
 PROLEUKIN
 PROVENGE* (PA)
 RIABNI (PA)
 RITUXAN (PA)
 RITUXAN HYCELA (PA)
 romidepsin*
 RUXIENCE (PA)
 RYBREVANT (PA)
 RYLAZE
 SARCLISA* (PA)
 SYNTRIBO*
 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)
 VYXEOS*
 VIDAZA
 vincristine sulfate*
 YERVOY (PA)
 YONDELIS* (PA)
 ZALTRAP (PA)
 ZANOSAR
 ZEPZELCA (PA)
 ZIRABEV (PA)
 ZOLADEX
 ZYNLONTA* (PA)

Pulmonary Hypertension

UPTRAVI
 VELETRI

Viscosupplements

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

Others

BCG VACCINE
 BOTOX (PA)
 CABENUVA
 DOJOLVI
 DYSPORT
 EXONDYS 51*
 FENSOLVI*
 JETREA* (PA)
 KRYSTEXXA (PA)
 KYLEENA*
 LEQVIO
 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)
 SYLVANT (PA)
 TROGARZO (PA)
 UPLIZNA* (PA)
 VILTEPSO*
 VIVITROL (PA)
 VYEPTI* (PA)
 WINRHO SDF*
 XEOMIN
 XIAFLEX* (PA)
 ZOLGENSMA* (PA)

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This list is subject to change without notice.

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 contracted by Blue Cross and Blue Shield of Alabama to provide pharmacy benefit management services. Accredo Health Group, Inc. is an independent specialty pharmacy serving eligible Blue Cross and Blue Shield of Alabama members as well as physicians in the Blue Cross network. CVS/Caremark is an independent company providing specialty pharmacy services to eligible Blue Cross and Blue Shield of Alabama members.

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Source: Prime Therapeutics, LLC



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