



## Physician-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 physician is located. Blue Cross and Blue Shield of Alabama in-network specialty pharmacies are: Accredo Health Group, Inc. (1-888-608-9010), CVS/Caremark (1-800-237-2767) and AllinaceRx Specialty Pharmacy (1-877-627-6337).

### Autoimmune

ACTEMRA (PA)  
AMEVIVE  
BENLYSTA (PA)  
CIMZIA (PA)  
ENTYVIO (PA)  
INFLECTRA (PA)  
ORENCIA (PA)  
REMICADE (PA)  
RENFLEXIS (PA)  
SIMPONI ARIA (PA)  
STELARA (PA)  
TREMIFYA (PA)

### Blood Modifiers

ATRYN  
GRANIX (PA)  
LEUKINE (PA)  
NEULASTA (PA)  
NEULASTA  
DELIVERY KIT (PA)  
NEUPOGEN (PA)  
NPLATE (PA)  
ZARXIO (PA)

### Enzyme Deficiencies

ADAGEN \*  
ALDURAZYME  
BRINEURA\* (PA)  
CEREZYME  
ELAPRASE  
ELELYSO \*  
FABRAZYME  
KANUMA\*  
LUMIZYME  
MYOZYME  
NAGLAZYME\*  
SOLIRIS (PA)  
VIMIZIM\*  
VPRIV

### Immune Globulins

BIVIGAM (PA)  
CARIMUNE (PA)  
CUVITRU\* (PA)  
CYTOGAM  
FLEBOGAMMA/DIF (PA)  
GAMASTAN S/D (PA)  
GAMMAGARD/SD (PA)  
GAMMAKED (PA)

GAMMAPLEX (PA)  
GAMUNEX-C (PA)  
HIZENTRA (PA)  
HYQVIA\* (PA)  
OCTAGAM (PA)  
PRIVIGEN (PA)

### Immunosuppressants

ATGAM  
SIMULECT

### Lung Disorders

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

### Macular Degeneration

EYLEA\* (PA)  
LUCENTIS\* (PA)  
MACUGEN\* (PA)  
VISUDYNE\* (PA)

### Multiple Sclerosis

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

### Oncology

ABRAXANE (PA)  
ADRIAMYCIN  
ADRUCIL  
ALIMTA (PA)  
ALKERAN  
ARRANON  
ARZERRA (PA)  
AVASTIN (PA)  
BICNU  
BLINCYTO\*  
CAMPATH  
CAMPTOSAR  
CERUBIDINE  
CLOLAR  
COSMEGEN  
CYRAMZA (PA)\*

CYTARABINE/AQ  
DACARBAZINE  
DACOGEN  
DAUNOXONE  
DEPOCYT  
DOXIL  
DOXORUBICIN HCL  
ELLECE  
ELLIOTTS B SOLUTION  
ELOXATIN  
ELSPAR  
ERBITUX (PA)  
ETHYOL  
ETOPOPHOS  
FASLODEX  
FLUDARA  
fludarabine phosphate  
GEMZAR  
GAZYVA\* (PA)  
HALAVEN  
HERCEPTIN (PA)  
HYCAMTIN  
HYDROXYPROGESTERONE  
CAPROATE  
IDAMYCIN PFS  
IFEX  
IXEMPRA  
JEVTANA  
KYPROLIS (PA)  
LEUCOVORIN CALCIUM  
LEUSTATIN  
LIPODOX  
MARQIBO  
MESNEX  
mitoxantrone  
MUSTARGEN  
NAVELBINE  
NIPENT  
ONCASPAR  
OPDIVO (PA)  
PERJETA\* (PA)  
PHOTOFIN  
PROLEUKIN  
RITUXAN (PA)  
RITUXAN HYCELA (PA)  
SYNRIBO\*  
TAXOTERE  
TECENTRIQ (PA) \*  
THIOTEPA  
THYROGEN  
TICE BCG

topotecan  
TORISEL  
TREANDA  
TRELSTAR DEPOT/LA  
TRISENOX  
VANTAS  
VECTIBIX (PA)  
VELCADE  
VIDAZA  
VINCASPAR PFS  
VINCRISTINE SULFATE  
VUMON  
YERVOY (PA)  
ZALTRAP\* (PA)  
ZANOSAR  
ZOLADEX  
ZOMETA

### Pulmonary Hypertension

VELETRI \*

### Viscosupplements

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

### Others

ALOPRIM  
AVEED (PA)  
BERINERT\* (PA)  
BONIVA  
BOTOX (PA)  
CINRYZE\* (PA)  
DYSPORT (PA)  
FIRAZYR (PA)  
HAEGARDA\* (PA)  
H.P. ACTHAR\* (PA)  
JETREA\*  
KALBITOR\* (PA)  
KRYSTEXXA (PA)  
KYLEENA  
LUPRON DEPOT/ PED  
MAKENA (PA)  
MICRHOGAM  
ULTRA-FILTERED  
MIRENA  
MYCAMINE  
MYOBLOC (PA)

PHYSIOLYTE  
PHYSIOSOL  
PROLIA  
RADICAVA\* (PA)  
RECLAST  
RHOGAM  
RHOPHYLAC  
RIASTAP  
RUCONEST\* (PA)  
SIGNIFOR LAR \*  
SKYLA  
sodium chloride  
SOMATULINE DEPOT  
SPINRAZA\* (PA)  
SUPPRELIN LA  
SYLVANT  
TESTOPEL\* (PA)  
TIS-U-SOL  
VIVITROL (PA)  
WINRHO SDF  
XEOMIN (PA)  
XIAFLEX \*(PA)  
XGEVA  
zoledronic acid

### 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.

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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。