



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.

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.

Note: Some employer groups may have specific drug coverage requirements for their employees that are not included in the criteria below.

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)
LUPKYNIS (PA)
OLUMIANT* (PA)
ORENCIA SQ (PA)
OTEZLA* (PA)
RINVOQ (PA)
RUZURGI*
SILIQ (PA)
SIMPONI (PA)
STELARA (PA)
SKYRIZI
TALTZ (PA)
TREMIFYA (PA)
XELJANZ (PA)

Blood Modifiers

ARANESP
CABLVI*
DOPTLET (PA)
EPOGEN
GRANIX
LEUKINE
MOZOBIL
MULPLETA (PA)
NEULASTA
NEULASTA ONPRO KIT
NEUPOGEN
NYVEPRIA (PA)
OXBRYTA
PROCRIT
PROMACTA (PA)
RETACRIT
UDENYCA
ZARXIO

Cancer – Injectable

ELIGARD
FIRMAGON
SYNRIBO*

Cancer - Oral

abiraterone acetate (PA)
AFINITOR / DISPERZ (PA)
ALECENSA (PA)
ALUNBRIG* (PA)
AYVAKIT*
BALVERSA* (PA)
bexarotene (PA)
BOSULIF (PA)
BRAFTOVI (PA)
BRUKINSA* (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)
FOTIVDA* (PA)
GAVRETO
GILOTREF (PA)
GLEEVEC (PA)
HYCAMTIN (PA)
IBRANCE (PA)
IDHIFA (PA)
ICLUSIG* (PA)
imatinib mesylate (PA)
IMBRUVICA* (PA)
INLYTA (PA)
INREBIC (PA)
INQOVI
IRESSA (PA)
JAKAFI (PA)
KISQALI (PA)
KISQALI FEMARA (PA)
KOSELUGO*
lapatinib ditosylate
LENVIMA (PA)
LONSURF (PA)
LORBRENA (PA)
LUMAKRAS (PA)
LYNPARZA (PA)
LYSODREN* (PA)
MATULANE* (PA)
MEKINIST (PA)
MEKTOVI (PA)
NERLYNX (PA)
NEXAVAR (PA)
NINLARO (PA)

NUBEQA
ODOMZO (PA)
ONUREG
ORGOVYX* (PA)
PEMAZYRE* (PA)
PIQRAY (PA)
POMALYST (PA)
PURIXAN*
QINLOCK*
RETEVMO
REVLIMID (PA)
ROZLYTREK (PA)
RUBRACA (PA)
RYDAPT (PA)
SPRYCEL (PA)
STIVARGA (PA)
sunitinib (PA)
SUTENT (PA)
TABRECTA (PA)
TAFINLAR (PA)
TAGRISSO (PA)
TALZENNA (PA)
TARCEVA (PA)
TARGRETIN (PA)
TASIGNA (PA)
TAZVERIK*
TEMODAR (PA)
temozolomide (PA)
TEPMETKO* (PA)
THALOMID (PA)
TIBSOVO* (PA)
tretinoin (PA)
TRUSELTIQ* (PA)
TUKYSA*
TURALIO*
TYKERB (PA)
UKONIQ* (PA)
VENCLEXTA* (PA)
VERZENIO (PA)
VITRAKVI (PA)
VIZIMPRO (PA)
VOTRIENT (PA)
XALKORI (PA)
XELODA (PA)
XOSPATA (PA)*
XPOVIO (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)
TRIKAFTA

Endocrine

ACTHAR (PA)
BYNFEZIA*
FORTEO (PA)
H.P. ACTHAR (PA)
ISTURISA*
JYNARQUE*
LUPANETA KIT
LUPRON DEPOT/ PED
MYCAPSSA*
NATPARA (PA)
octreotide acetate
RECORLEV*
SAMSCA
SANDOSTATIN/ LAR
SIGNIFOR* (PA)
SOMATULINE DEPOT
SOMAVERT
tolvaptan
TIBTODUR*
TYMLOS (PA)
XURIDEN*

Enzyme Deficiencies

BUPHENYL* (PA)
CARBAGLU (PA)
carglumic*
CERDELGA (PA)
CYSTAGON*
GALAFOLD
KUVAN (PA)
miglustat (PA)
MYALEPT (PA)
NITYR
nitisnone
ORFADIN*
PALYNZIQ (PA)
phenylbutyrate* (PA)
RAVICTI (PA)
sapropterin dihydrochloride
sodium phenylbutyrate* (PA)
STRENSIQ* (PA)
SUCRAID*
ZAVESCA (PA)

Fertility & Pregnancy

CETROTIDE
chorionic gonadotropin
FOLLISTIM AQ
FYREMADEL
GANIRELIX ACETATE
GONAL-F/ RFF
MENOPUR
NOVAREL
OVIDREL
PREGNLY

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Key

(DT) Duplicate Therapy

(PA) Requires Prior Authorization

(ST) Requires Step Therapy process

* 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.

Brand-name products are capitalized (e.g. FLOLAN).

Generic products are in lower-case (e.g. epoprostenol sodi-um).

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.

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)
 ORLADEYO* (PA)
 RUCONEST (PA)

Hemophilia

ADVATE (PA)
 ADYNOVATE (PA)
 AFSTYLA (PA)
 ALPHANATE (PA)
 ALPHANINE SD (PA)
 ALPROLIX (PA)
 BENEFIX (PA)
 COAGADEX* (PA)
 CORIFACT (PA)
 ELOCTATE (PA)
 ESPEROCT (PA)
 FEIBA (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)
 MONONINE (PA)
 NOVOEIGHT (PA)
 NOVOSEVEN/ RT (PA)
 NUWIQ (PA)
 OBIZUR* (PA)
 PROFILNINE SD (PA)
 RECOMBINATE (PA)
 REBINYN (PA)
 RIXUBIS (PA)
 SEVENFACT(PA)
 TRETEN (PA)
 VONVENDI (PA)
 WILATE (PA)
 XYNTHA (PA)

Hepatitis C

EPCLUSA (PA)
 HARVONI (PA)
 INTRON-A
 LEDIPASVIR SOFOSBUVIR
 MAVYRET (PA)
 PEGASYS (PA)
 PEG-INTRON (PA)
 ribavirin
 SOFOSBUVIR/ VELPATAS-VIR
 SOVALDI (PA)
 VIEKIRA (PA)
 VOSEVI (PA)
 ZEPATIER* (PA)

HIV

FUZEON

Immune Globulins

CUTAQUIG (PA)
 CUVITRU (PA)
 GAMMAGARD LIQUID (PA)
 GAMMAKED (PA)
 GAMUNEX-C (PA)
 HYQVIA (PA)
 XEMBIFY (PA)

Immunosuppressants

ENSPRYNG
 NUCALA AUTO-INJECT (PA)

Insomnia

HETLIOZ

Lung Disorders

ACTIMMUNE
 ESBRIET (PA)
 FASENRA (PA)
 GLASSIA
 NUCALA (PA)
 OFEV (PA)

Multiple Sclerosis

AMPYRA (PA)
 AUBAGIO
 AVONEX
 BAFIERTAM
 BETASERON
 COPAXONE
 dalfampridine (PA)
 dimethyl fumarate
 EXTAVIA
 GILENYA
 glatiramer
 GLATOPA
 HIZENTRA (PA)
 KESIMPTA
 MAVENCLAD (PA)
 MAYZENT (PA)
 PLEGRIDY

PONVORY (PA)

REBIF
 TECFIDERA
 VUMERITY
 ZEPOSIA (PA)

Pulmonary Hypertension

ADCIRCA (PA)
 ADEMPAS (PA)
 Alyq*
 ambrisentan (PA)
 bosentan (PA)
 epoprostenol sodium
 FLOLAN
 LETAIRIS (PA)
 OPSUMIT (PA)
 ORENITRAM (PA)
 REMODULIN
 REVATIO (PA)
 sildenafil citrate tabs
 tadalafil (PA)
 TRACLEER (PA)
 treprostinil (PA)
 TYVASO (PA)
 UPTRAVI (PA)
 VENTAVIS (PA)

Others

ALFERON N*
 APOKYN
 AUSTEDO
 CHENODAL*
 CHOLBAM*
 clovique*
 CUPRIMINE
 CUVITRU (PA)
 CYSTADANE*
 CYSTADROPS*
 CYSTARAN*
 deferasirox
 deferiprone*
 DEPEN TITRATABS
 DIACOMIT*
 DROXIA
 droxidopa
 ENDARI* (PA)
 EXJADE
 EPIDIOLEX (PA)
 EMFLAZA (PA)
 EVRYSDI (PA)
 EXSERVAN*
 FENSOLVI*
 FERRIPROX*
 FINTEPLA*
 GAMUNEX-C (PA)
 GATTEX (PA)
 GOCOVRI* (PA)
 HIZENTRA (PA)
 HYQVIA (PA)

IMCIVREE* (PA)

INBRIJA*
 INGREZZA*
 JADENU
 JUXTAPID (PA)
 KLISYRI (PA)
 KORLYM* (PA)
 leuprolide acetate
 NORTHERA
 NOURIANZ*
 OCALIVA (PA)
 OXERVATE (PA)
 penicillamine
 PROCYSBI
 RILUTEK
 riluzole
 SIKLOS
 SYMPAZAN*
 SYPRINE
 TAVALISSE* (PA)
 TEGSEDI (PA)
 TERIPARATIDE*
 tetrabenazine
 THROMBATE III
 TIGLUTIK*
 trientine hydrochloride
 VALCHLOR
 VECAMYL*
 VISTOGARD*
 VOXZOGO (PA)
 VYLEESI (PA)*
 VYNDAMAX (PA)
 VYNDAQEL (PA)
 XENAZINE
 XENLETA*
 XERMELO* (PA)
 ZOKINVY* (PA)

Sleep Disorders

WAKIX (PA)
 XYREM (PA)
 XYWAV (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 contracted by Blue Cross and Blue Shield of Florida to provide pharmacy benefit management services.

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Source: Prime Therapeutics, LLC



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