

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, Synagis, and Spravato are exceptions to this policy. Lemtrada will require the use of a specialty pharmacy. Synagis and Spravato may be obtained through buy and bill or 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)
SKYRIZI IV (PA)
STELARA (PA)

Blood Modifiers

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

Endocrine

BONIVA
CRYSVITA (PA)
EVENITY
H.P. ACTHAR (PA)
LUPRON DEPOT/ PED
PROLIA
RECLAST
SANDOSTATIN LAR DEPOT
SIGNIFOR LAR*
SOMATULINE DEPOT
SUPPRELIN LA
TEPEZZA (PA)
TRIPTODUR*
TZIELD (PA)
XGEVA
zoledronic acid

Hematological

BERINERT (PA)
CINRYZE (PA)
FIRAZYR (PA)
HAEGARDA (PA)
KALBITOR (PA)
RUCONEST (PA)
SOLIRIS (PA)
TAKHZYRO (PA)
ULTOMIRIS (PA)
ZYNTEGLO (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)
CIMERLI (PA)
EYLEA (PA)
LUCENTIS (PA)
MACUGEN (PA)
VABYSMO (PA)
VISUDYNE (PA)

Multiple Sclerosis

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

Ophthalmic

ILUVIEN
LUXTURN (PA)
OZURDEX
SUSVIMO (PA)

Oncology

ABECMA* (PA)
ABRAXANE
ADGETRIS
ADRIAMYCIN
ADRUCIL*
ADSTILADRIN
ALIMTA
ALIQUOP*
ALKERAN
ALYMSYS*
ARRANON
arsenic
ARZERRA
ASPARLAS
AVASTIN
azacitidine
BAVENCIO*
BELEODAQ*
BENDEKA
BESPONS
BICNU
BLENREP
BLINCYTO*
bortezomib*
BREYANZI (PA)

CAMPTOSAR
carmustine
CARVYTKI (PA)
cladribine
CLOLAR
CLOFARABINE*
COSMEGEN
CYRAMZA
CYTARABINE/AQ
DACARBAZINE
DACOGEN
dactinomycin
DANYELZA*
daunorubicin
DARZALEX
DARZALEX FASPRO
decitabine
docetaxel
DOXIL
DOXORUBICIN HCL
ELAHERE
ELITEK*
ELLENC
EMPLICITI
ENHERTU
ERBITUX
ERWINASE*
ERWINAZE*
ETHYOL
ETOPOPHOS
EVOMELA
FASLODEX
fludarabine phosphate*
FOLOTYN
fulvestrant
FYARRO
GAZYVA
HALAVEN
HERCEPTIN
HERCEPTIN HYLECTA
HERZUMA
HYCANTIN
HYDROXYPROGESTERONE
CAPROATE
IDAMYCIN PFS
IFEX
IMFINZI
IMJUDO
irinotecan*
ISTODAX
IXEMPRA
JELMYTO*
JEMPERLI
JEVTANA
KADCYLA
KANJINTI

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

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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

PEDMARK
PEMFEXY
PERJETA
PHESGO
PHOTOFRIN*
POLIVY
PORTRAZZA
POTELIGEO*
PROLEUKIN
PROVENGE*
RELEUKO
RIABNI (PA)
RITUXAN (PA)
RITUXAN HYCELA
ROLVEDON
romidepsin*
RUXIENCE (PA)
RYBREVANT
RYLAZE
SARCLISA*
SYNRIBO*
TAXOTERE
TECARTUS (PA)
TECENTRIQ
TECVAYLI
temsirolimus
TENIPOSIDE
THIOTEPA
THYROGEN

TICE BCG
TIVDAK
topotecan
TORISEL
TRAZIMERA
TREANDA
TRELSTAR DEPOT/LA
TRISENOX
TRODELVY*
TRUXIMA (PA)
UNITUXIN*
VALSTAR
VANTAS
VECTIBIX
VEGZELMA
VELCADE
VIDAZA
vincristine sulfate*
VIVIMUSTA
VYXEOS*
YERVOY
YESCARTA (PA)
YONDELIS*
ZALTRAP
ZANOSAR
ZEPZELCA
ZIRABEV
ZOLADEX
ZYNLONTA*
ZYNYZ*

Pulmonary Hypertension

UPTRAVI
VELETRI

Viscosupplements

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

Others

AMVUTTRA (PA)
APRETUDE
BCG VACCINE
BOTOX (PA)
CABENUVA
DOJOLVI
DYSPORE
EPOGEN (PA)
FENSOLVI*
JETREA* (PA)
KRYSTEXXA (PA)
KYLEENA*
LAMZEDE
LEQVIO
MICRHOGAM
ULTRA-FILTERED
MIRENA*
MYOBLOC (PA)

NEXPLANON
ONPATTRO* (PA)
OXLUMO* (PA)
PROCIT (PA)
RADICAVA* (PA)
RETACRIT (PA)
RETHYMIC (PA)
REBOYTA
RHOGAM
RHOPHYLAC
SCENESSE* (PA)
SKYLA*
SKYSONA (PA)
SPEVIGO (PA)
SPINRAZA (PA)
SPRAVATO* (PA)
SUBLOCADE (PA)
SYFORVE (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 Minnesota to provide pharmacy benefit management services. Accredo Health Group, Inc. is an independent specialty pharmacy serving eligible Blue Cross and Blue Shield of Minnesota 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 Minnesota members.

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Source: Prime Therapeutics, LLC



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