

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	MEPSEVII (PA)	Immunosuppressents	AVASTIN (PA)	CAPROATE
AVEED*	NAGLAZYME (PA)	ATGAM	azacitidine	IDAMYCIN PFS
TESTOPEL* (PA)	NEXVIAZYME (PA)	ENJAYMO (PA)	BAVENCIO* (PA)	IFEX
Autoimmune	POMBILITI (PA)	GAMIFANT* (PA)	BELEODAQ*	IMFINZI (PA)
ACTEMRA (PA)	REVCOV* (PA)	NULOJIX	bendamustine (PA)	IMJUDO (PA)
AVSOLA* (PA)	VIMIZIM (PA)	SIMULECT	BENDEKA (PA)	irinotecan*
BENLYSTA IV (PA)	VPRIV (PA)		BESPONSA (PA)	ISTODAX
CIMZIA (PA)	Xenpozyme (PA)		BICNU	IXEMPRA (PA)
ENTYVIO (PA)		Lung Disorders	BLENREP (PA)	JELMYTO* (PA)
ILUMYA (PA)		BONIVA	BLINCYTO* (PA)	JEMPERLI (PA)
INFLECTRA (PA)		CRYSVITA (PA)	bortezomib*	JEVTANA (PA)
INFILXIMAB (PA)		EVENITY	BREYANZI (PA)	KADCYLA (PA)
OMVOH (PA)		H.P. ACTHAR (PA)	CAMPTOSAR	KANJINTI (PA)
ORENCIA (PA)		LUPRON DEPOT/ PED	carmustine	KEYTRUDA* (PA)
REMICADE (PA)		PROLIA	CARVYTKI (PA)	KHAPZORY
RENIFLEXIS (PA)		RECLAST	cladribine	KIMMTRAK (PA)
SAPHNELO* (PA)		SANDOSTATIN LAR DEPOT	CLOLAR	KYPROLIS* (PA)
SIMPONI ARIA (PA)		SIGNIFOR LAR*	CLOFARABINE*	LARTRUVO (PA)
SKYRIZI IV (PA)		SOMATULINE DEPOT	COLUMVI (PA)	LEUCOVORIN CALCIUM
SPEVIGO (PA)		SUPPRELIN LA	COSMEGEN	LUNSUMIO (PA)
STELARA (PA)		TEPEZZA (PA)	CYRAMZA	LUTATHERA
Blood Modifiers		TRIPTODUR*	CYTARABINE/AQ	MARGENZA* (PA)
ADAKVEO*		XGEVA	DACARBAZINE	MARQIBO*
ADZYNMA (PA)		zoledronic acid	DACOGEN	melphalan*
CABLIVI*			dactinomycin	mesna
ENJAYMO		Hematological	DANYELZA* (PA)	MESNEX
FULPHILA (PA)		BERINERT (PA)	daunorubicin	mitomycin
FYLNETRA (PA)		CINRYZE (PA)	DARZALEX (PA)	
GIVLAARI (PA)		FIRAZYR (PA)	DARZALEX FASPRO (PA)	
GRANIX (PA)		HAEGARDA (PA)	decitabine	(Continued on Page 2)
LEUKINE (PA)		HEMGENIX (PA)	docetaxel	
NEULASTA (PA)		KALBITOR (PA)	DOXIL	
NEULASTA ONPRO KIT (PA)		ROCTAVIAN	DOXORUBICIN HCL	
NEUPOGEN (PA)		RUCONEST (PA)	ELAHERE (PA)	
NIVESTYM (PA)		SOLIRIS (PA)	ELITEK* (PA)	
NPLATE (PA)		TAKHYZRO (PA)	ELLENCE	
NYVEPRIA (PA)		ULTOMIRIS (PA)	ELREXFIO (PA)	
REBLOZYL* (PA)		Immune Globulins	EMPLICITI (PA)	
RELEUKO (PA)		ASCENIV (PA)	ENHERTU (PA)	
STIMUFEND (PA)		BIVIGAM (PA)	EPKINLY (PA)	
UDENYCA (PA)		CARIMUNE (PA)	ERBITUX (PA)	
ZARXIO (PA)		CUTAQUIG (PA)	ERWINASE*	
ZIEXTENZO (PA)		CUVITRU (PA)	ERWINAZE*	
ZYNTEGLO (PA)		CYTOGAM	ETHYOL	
Enzyme Deficiencies		FLEBOGAMMA DIF (PA)	ETOPOPHOS	
ALDURAZYME (PA)		GAMASTAN S/D (PA)	EVOMELA (PA)	
BRINEURA* (PA)		GAMMAGARD LIQUID (PA)	FASLODEX (PA)	
CEREZYME (PA)		GAMMAGARD S/D (PA)	fludarabine phosphate*	
ELAPRASE (PA)		GAMMAKED (PA)	FOLOTYN	
ELELYSO (PA)		GAMMAPLEX (PA)	fulvestrant	
ELFABRIO* (PA)		GAMUNEXC (PA)	FYARRO	
FABRAZYME (PA)		HIZENTRA (PA)	GAZYVA (PA)	
KANUMA (PA)		HYQVIA (PA)	ALKERAN	
LAMZEDE* (PA)		OCTAGAM (PA)	ALIQOPA*	
LUMIZYME (PA)		PANZYGA (PA)	ARRANON	
		PRIVIGEN (PA)	arsenic	
		XEMBIFY (PA)	ARZERRA (PA)	
			ASPARLAS	

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

mitoxantrone
MONJUVI (PA)
MVASI (PA)
NAVELBINE
nelarabine
NIPENT
OGIVRI (PA)
ONCASPAR
ONIVYDE*
ONIVYDE (PA)
ONTRUZANT* (PA)
OPDIVO (PA)
OPDUALAG (PA)
PACITAXEL
PADCEV (PA)
PEDMARK (PA)
pemetrexed (PA)
PEMFEXY
PERJETA (PA)
PHESGO (PA)
PHOTOFRIN*
POLIVY (PA)
PORTRAZZA (PA)
POTELIGEO*
PROLEUKIN
PROVENGE* (PA)
RELEUKO (PA)
RIABNI (PA)
RITUXAN (PA)
RITUXAN HYCELIA (PA)
ROLVEDON (PA)
romidepsin*
RUXIENCE (PA)
RYBREVANT (PA)
RYLAZE
SARCLISA* (PA)
SYNRIBO*

TALVEY (PA)
TAXOTERE
TECARTUS (PA)
TECENTRIQ (PA)
TECVAYLI (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)
VEGZELMA
VELCADE
VIDAZA
vincristine sulfate*
VIVIMUSTA
VYXEOS*
YEROVY (PA)
YONDELIS* (PA)
ZALTRAP (PA)
ZANOSAR
ZEPZELCA (PA)
ZIRABEV (PA)
ZOLADEX
ZYNLONTA* (PA)
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)
BRIXADI
CABENUVA
DOJOLVI
DYSPORT
EMEND IV
EPOGEN (PA)
EVKEEZA (PA)
FENSOLVI*
FERAHEME
INJECTAFER (PA)
JETREA* (PA)
KRYSTEXXA (PA)
KYLEENA*
LEQVIO
MICRHOGAM ULTRA-FILTERED
MIRENA*
MONOFERRIC (PA)
MYOBLOC (PA)

NEXPLANON
ONPATRO* (PA)
OXLUMO* (PA)

PROCRT (PA)
RADICAVA* (PA)
RETACRIT (PA)
RETHYMIC (PA)
REBOYTA
RHOGAM
RHOPHYLAC
RYSTIGGO* (PA)
SCENESSE* (PA)

SKYLA*
SKYSONA (PA)
SPINRAZA (PA)
SPRAVATO* (PA)
SUBLOCADE (PA)
SYLVANT (PA)
TROGARZO (PA)
TZIELD (PA)
UPLIZNA* (PA)
VEOPOZ (PA)
VILTEPSO*
VIVITROL (PA)
VYEPTI* (PA)
VYJUVEK (PA)
VYVGART (PA)
VYVGART HYTRULO (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



**BlueCross BlueShield
of Alabama**

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