

**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.

<b>Androgens</b>	LUMIZYME (PA)	<b>Immunosuppressents</b>	AVASTIN (PA)	IDAMYCIN PFS
AVEED*	MEPSEVII (PA)	ATGAM	azacitidine	IFEX
TESTOPEL* (PA)	NAGLAZYME (PA)	ENJAYMO (PA)	BAVENCIO* (PA)	IMFINZI (PA)
<b>Autoimmune</b>	NEXVIAZYME (PA)	GAMIFANT* (PA)	BELEODAQ*	IMJUDO (PA)
ACTEMRA (PA)	POMBILITI (PA)	NULOJIX	bendamustine (PA)	irinotecan*
AVSOLA* (PA)	REVCOV* (PA)	SIMULECT	BENDEKA (PA)	ISTODAX
BENLYSTA IV (PA)	VIMIZIM (PA)		BESPONSA (PA)	IXEMPRA (PA)
CIMZIA (PA)	VPRIV (PA)		BICNU	JELMYTO* (PA)
ENTYVIO (PA)	Xenpozyme (PA)		BLENREP (PA)	JEMPERLI (PA)
ILUMYA (PA)			BLINCYTO* (PA)	JEVTANA (PA)
INFLECTRA (PA)			bortezomib*	KADCYLA (PA)
INFILXIMAB (PA)			BREYANZI (PA)	KANJINTI (PA)
OMVOH (PA)			CAMPTOSAR	KEYTRUDA* (PA)
ORENCIA (PA)			carmustine	KHAPZORY
REMICADE (PA)			CARVYTKI (PA)	KIMMTRAK (PA)
RENFLEXIS (PA)			cladribine	KYPROLIS* (PA)
SAPHNELO* (PA)			CLOLAR	LARTRUVO (PA)
SIMPONI ARIA (PA)			CLOFARABINE*	LEUCOVORIN CALCIUM
SKYRIZI IV (PA)			COLUMVI (PA)	LUNSUMIO (PA)
SPEVIGO (PA)			COSMEGEN	LUTATHERA
STELARA (PA)			CYRAMZA	MARGENZA* (PA)
TOFIDENCE (PA)			CYTARABINE/AQ	MARQIBO*
<b>Blood Modifiers</b>			DACARBAZINE	melphalan*
ADAKVEO*			DACOGEN	mesna
ADZYNMA (PA)			DANYELZA* (PA)	MESNEX
CABLIVI*			daunorubicin	mitomycin
ENJAYMO			DARZALEX (PA)	
FULPHILA (PA)			DARZALEX FASPRO (PA)	
FYLNETRA (PA)			decitabine	
GIVLAARI (PA)			docetaxel	
GRANIX (PA)			DOXIL	
LEUKINE (PA)			DOXORUBICIN HCL	
NEULASTA (PA)			ELAHERE (PA)	
NEULASTA ONPRO KIT (PA)			ELITEK* (PA)	
NEUPOGEN (PA)			ELLENCE	
NIVESTYM (PA)			ELREXFIO (PA)	
NPLATE (PA)			EMPLICITI (PA)	
NYVEPRIA (PA)			ENHERTU (PA)	
REBLOZYL* (PA)			EPKINLY (PA)	
RELEUKO (PA)			ERBITUX (PA)	
RYZNEUTA (PA)			ERWINASE*	
STIMUFEND (PA)			ERWINASE*	
UDENYCA (PA)			ETHYOL	
ZARXIO (PA)			ETOPOPHOS	
ZIEXTENZO (PA)			EVOMELA (PA)	
ZYTEGLO (PA)			FASLODEX (PA)	
<b>Enzyme Deficiencies</b>			fludarabine phosphate*	
ALDURAZYME (PA)			FOLOTYN	
BRINEURA* (PA)			fulvestrant	
CEREZYME (PA)			FYARRO	
ELAPRASE (PA)			GAZYVA (PA)	
EELYSO (PA)			HALAVEN (PA)	
ELFABRIO* (PA)			HERCEPTIN	
FABRAZYME (PA)			HERCEPTIN HYLECTA (PA)	
KANUMA (PA)			HERZUMA (PA)	
LAMZEDE* (PA)			HYCAMTIN	
PRV20510-2404			HYDROXYPROGESTERONE	
			CAPROATE	

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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**

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 HYCELA (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)  
SYNMISC (PA)  
SYNVISC ONE (PA)

**Others**

AMVUTTRA (PA)  
APRETUDE  
BCG VACCINE  
BOTOX (PA)  
BRIXADI  
CABENUVA  
CASGEVY (PA)  
DOJOLVI  
DYSPORT  
EMEND IV  
EPOGEN (PA)  
EVKEEZA (PA)  
FENSOLVI\*  
FERAHEME  
FOCINVEZ  
INJECTAFER (PA)  
JETREA\* (PA)  
KRYSTEXXA (PA)  
KYLEENA\*  
LEQVIO  
LYFGENIA (PA)  
MICRHOGAM ULTRA-FILTERED  
MIRENA\*

MONOFERRIC (PA)  
MYOBLOC (PA)  
NEXPLANON  
ONPATRO\* (PA)  
OXLUMO\* (PA)  
PROCIT (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)  
VEOPZO (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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