

**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)  
OMVOH (PA)  
ORENCIA (PA)  
REMICADE (PA)  
RENFLEXIS (PA)  
SAPHNELO\* (PA)  
SIMPONI ARIA (PA)  
SKYRIZI IV (PA)  
SPEVIGO (PA)  
STELARA (PA)  
TOFIDENCE (PA)

### Blood Modifiers

ADAKVEO\*  
ADZYNMA (PA)  
CABLIV\*  
ENJAYMO  
FULPHILA (PA)  
FYLNETRA (PA)  
GIVLAARI (PA)  
GRANIX (PA)  
LEUKINE (PA)  
NEULASTA (PA)  
NEULASTA ONPRO KIT (PA)  
NEUPOGEN (PA)  
NIVESTYM (PA)  
NPLATE (PA)  
NYVEPRIA (PA)  
REBLOZYL\* (PA)  
RELEUKO (PA)  
RYZNEUTA (PA)  
STIMUFEND (PA)  
UDENYCA (PA)  
ZARXIO (PA)  
ZIENTENZO (PA)  
ZYNTGLO (PA)

### Enzyme Deficiencies

ALDURAZYME (PA)  
BRINEURA\* (PA)  
CEREZYME (PA)  
ELAPRASE (PA)  
ELELYSO (PA)  
ELFABRIO\* (PA)  
FABRAZYME (PA)  
KANUMA (PA)  
LAMZEDE\* (PA)

PRV20510CNA-2404

LUMIZYME (PA)  
MEPSEVII (PA)  
NAGLAZYME (PA)  
NEXVIAZYME (PA)  
POMBILITI (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\*  
XGEVA  
zoledronic acid

### Hematological

BERINERT (PA)  
CINRYZE (PA)  
FIRAZYR (PA)  
HAEGARDA (PA)  
HEMGENIX (PA)  
KALBITOR (PA)  
ROCTAVIAN  
RUCONEST (PA)  
SOLIRIS (PA)  
TAKHZYRO (PA)  
ULTOMIRIS (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

### Lung Disorders

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

### Macular Degeneration

BEOVU (PA)  
BYOOVIZ (PA)  
CIMERLI (PA)  
EYLEA (PA)  
EYLEA HD (PA)  
LUCENTIS (PA)  
MACUGEN (PA)  
VABYSMO (PA)  
VISUDYNE (PA)

### Multiple Sclerosis

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

### Ophthalmic

ILUVIEN  
IZERVAY (PA)  
LUXTURNIA (PA)  
OZURDEX  
SUSVIMO (PA)  
SYFORVE (PA)

### Oncology

ABECMA\* (PA)  
ABRAXANE (PA)  
ADCETRIS (PA)  
ADRIAMYCIN  
ADRUCIL\*  
ADSTILADRIN  
ALIMTA (PA)  
ALIQOPA\*  
ALKERAN  
ALYMSYS\*  
ARRANON  
arsenic  
ARZERRA (PA)  
ASPARLAS  
AVASTIN (PA)  
azacitidine  
BAVENCIO\* (PA)  
BELEODAQ\*  
bendamustine (PA)  
BENDEKA (PA)  
BESPONSA (PA)  
BICNU  
BLENREP (PA)  
BLINCYTO\* (PA)  
bortezomib\*  
BREYANZI (PA)  
CAMPTOSAR  
carmustine  
CARVYTKI (PA)  
cladribine  
CLOLAR  
CLOFARABINE\*  
COLUMVI (PA)  
COSMEGEN  
CYRAMZA  
CYTARABINE/AQ  
DACARBAZINE  
DACOGEN  
dactinomycin  
DANYELZA\* (PA)  
daunorubicin  
DARZALEX (PA)  
DARZALEX FASPRO (PA)  
decitabine  
docetaxel  
DOXIL  
DOXORUBICIN HCL  
ELAHERE (PA)  
ELITEK\* (PA)  
ELLENC  
ELREXFIO (PA)  
EMPLICITI (PA)  
ENHERTU (PA)  
EPKINLY (PA)  
ERBITUX (PA)  
ERWINASE\*  
ERWINAZE\*  
ETHYOL  
ETOPOPHOS  
EVOMELA (PA)  
FASLODEX (PA)  
fludarabine phosphate\*  
FOLOTYN  
fulvestrant  
FYARRO  
GAZYVA (PA)  
HALAVEN (PA)  
HERCEPTIN  
HERCEPTIN HYLECTA (PA)  
HERZUMA (PA)  
HYCANTIN  
HYDROXYPROGESTERONE  
CAPROATE

IDAMYCIN PFS  
IFEX  
IMFINZI (PA)  
IMJUDO (PA)  
irinotecan\*  
ISTODAX  
IXEMPRA (PA)  
JELMYTO\* (PA)  
JEMPERLI (PA)  
JEVTANA (PA)  
KADCYLA (PA)  
KANJINTI (PA)  
KEYTRUDA\* (PA)  
KHAPZORY  
KIMMTRAK (PA)  
KYPROLIS\* (PA)  
LARTRUVO (PA)  
LEUGOVORIN CALCIUM  
LUNSUMIO (PA)  
LUTATHERA  
MARGENZA\* (PA)  
MARQIBO\*  
melphalan\*  
mesna  
MESNEX  
mitomycin

(Continued on Page 2)

### 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)  
 PACLITAXEL  
 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\*  
 YERVOY (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)  
 BRIKADI  
 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  
 ONPATTRO\* (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)  
 VEOPOZ (PA)  
 VILTEPSO\*  
 VIVITROL (PA)  
 VYEPTI\* (PA)  
 VYJUVEK (PA)  
 VYVGART (PA)  
 VYVGART HYTRULO (PA)  
 WINRHO SDF\*  
 XEOMIN  
 XIAFLEX\* (PA)  
 ZOLGENSMA\* (PA)

**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.**

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 Credence Blue Cross and Blue Shield to provide pharmacy benefit management services. Accredo Health Group, Inc. is an independent specialty pharmacy serving eligible Credence Blue Cross and Blue Shield members as well as physicians in the Blue Cross network. CVS/Caremark is an independent company providing specialty pharmacy services to eligible Credence Blue Cross and Blue Shield members.

Product names are the property of their respective owners.

Source: Prime Therapeutics, LLC



An Independent Licensee of the Blue Cross and Blue Shield Association