

**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)  
COSENTYX IV (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)  
CABLIVI\*  
ENJAYMO  
FULPHILA  
GIVLAARI (PA)  
GRANIX  
LEUKINE  
NEULASTA  
NEULASTA ONPRO KIT  
NEUPOGEN  
NIVESTYM  
NPLATE (PA)  
NYVEPRIA  
REBLOZYL\* (PA)  
RELEUKO  
ROLVEDON  
RYZNEUTA  
UDENYCA  
ZARXIO  
ZIENTENZO  
ZYNTEGLO (PA)

**Enzyme Deficiencies**

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

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)  
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)

**Oncology**

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

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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**

ONCASPAR  
 ONIVYDE\*  
 ONIVYDE  
 ONTRUZANT\*  
 OPDIVO  
 OPDUALAG  
 PACLITAXEL  
 PADCEV  
 PEDMARK  
 pemetrexed  
 PEMFEXY  
 PERJETA  
 PHESGO  
 PHOTOFRIN\*  
 POLIVY  
 PORTRAZZA  
 POTELIGEO\*  
 PROLEUKIN  
 PROVENGE\*  
 RELEUKO  
 RIABNI  
 RITUXAN  
 RITUXAN HYCELA  
 ROLVEDON  
 romidepsin\*  
 RUXIENCE  
 RYBREVAANT  
 RYLAZE  
 SARCLISA\*  
 SYNRIBO\*  
 TALVEY  
 TAXOTERE  
 TECARTUS (PA)  
 TECENTRIQ

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

**Ophthalmic**

ILUVIEN  
 IZERVAY (PA)  
 LUXTURN A (PA)  
 OZURDEX  
 SUSVIMO (PA)  
 SYFORVE (PA)

**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  
 CASGEVY (PA)  
 DOJOLVI  
 DYSPORT  
 EPOGEN (PA)  
 FENSOLVI\*  
 FERAHEME  
 FOCINVEZ  
 ILARIS (PA)  
 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  
 TROGARZO (PA)  
 TZIELD (PA)  
 UPLIZNA\* (PA)  
 VEOPOZ (PA)  
 VILTEPSO\*  
 VIVITROL (PA)  
 VYEPTI\* (PA)  
 VYJUVEK (PA)  
 VYVGART (PA)  
 VYVGART HYTRULO (PA)  
 WINRH O SDF\*  
 XEOMIN  
 XI AFLEX\* (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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