

Prime Therapeutics Specialty Pharmacy Drug Management List

Reminder About Coverage for Self-Administered Specialty Medications

Specialty medications are generally prescribed to treat chronic, complex medical conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. These medications are often received by injection or infusion, require careful adherence to a treatment plan and/or have special handling or storage requirements. Specialty medications that require professional services for administration are usually covered under the *medical* benefit. Coverage for *self-administered* specialty medications is provided through the *pharmacy* benefit. The physician should write or call in a prescription for self-administered specialty medications for receipt from a specialty pharmacy provider. Below is a current list of specialty medications. Medications with an (M) placed after their names may be eligible for coverage under the medical benefit. The rest of the medications are FDA-approved for self-administration and are covered under the pharmacy benefit in most circumstances.

Autoimmune

ACTEMRA (M)
ACTEMRA PREFILLED SYRINGE
AMEVIVE (M)
ARCALYST*
BENLYSTA (M)
CIMZIA RECONSTITUTION (M)
CIMZIA PREFILLED SYRINGE
ENBREL
ENTYVIO
HUMIRA
ILARIS*(M)
KINERET
ORENCIA IV (M)
ORENCIA SC
OTEZLA
REMICADE (M)
SIMPONI
SIMPONI ARIA (M)
STELARA
XELJANZ

Blood Modifiers

ARANESP
EPOGEN
GRANIX
LEUKINE
MOZOBIL(M)
NEULASTA
NEUMEGA
NEUPOGEN
NPLATE (M)
PROCRIT
PROMACTA

Cancer – Injectable

ELIGARD
FIRMAGON (M)
SYLATRON
TRELSTAR DEPOT/ LA (M)

Cancer - Oral

AFINITOR / DISPERZ
BOSULIF*
capecitabine

CAPRELSA*
COMETRIQ*
ERIVEDGE*
GILOTRIF*
GLEEVEC
HEXALEN
HYCAMTIN
ICLUSIG*
IMBRUVICA*
INLYTA*
JAKAFI*
LYSODREN
MATULANE*
MEKINIST
NEXAVAR
POMALYST*
REVLIMID*
SPRYCEL
STIVARGA
SUTENT
TAFINLAR
TARCEVA
TARGRETIN
TASIGNA
TEMODAR

temozolomide
THALOMID
tretinoin
TYKERB
VANDETANIB*
VOTRIENT
XALKORI*
XELODA
XTANDI*
ZELBORAF
ZOLINZA
ZYKADIA
ZYTIGA

Cystic Fibrosis

BETHKIS
CAYSTON*
KALYDECO
PULMOZYME
TOBI
tobramycin

Enzyme Deficiencies

ALDURAZYME (M)
BUPHENYL
CARBAGLU*
CEREZYME (M)
CINRYZE*(M)
CYSTAGON*
CYSTARAN*
ELAPRASE (M)
ELELYSO*(M)
FABRAZYME (M)
KUVAN*
LUMIZYME (M)
MYOZYME (M)
NAGLAZYME*(M)
ORFADIN*
PROCYSBI*
RAVICTI*
sodium phenylbutyrate
SOLIRIS(M)
SUCRAID*
VIMIZIM *(M)
VPRIV (M)
XENAZINE*
ZAVESCA*

Fertility & Pregnancy

BRAVELLE
CETROTIDE
chorionic gonadotropin
FOLLISTIM AQ
GANIRELIX ACETATE
GONAL-F/ RFF
MAKENA*(M)
MENOPUR
NOVAREL
OVIDREL
PREGNLY
REPRONEX

Growth Hormones

GENOTROPIN
HUMATROPE
INCRELEX*
NORDITROPIN

NUTROPIN/ AQ
OMNITROPE
SAIZEN
SEROSTIM*
TEV-TROPIN
ZORBTIVE

Hemophilia

ADVATE
ALPHANATE
ALPHANINE SD
ALPROLIX
BEBULIN/ VH
BENEFIX
CORIFACT*
FEIBA NF/ VH
HELIXATE FS
HEMOFIL M
HUMATE-P
KOATE-DVI
KOGENATE FS
MONOCLATE-P
MONONINE
NOVOSEVEN/ RT
PROFILNINE SD
RECOMBINATE
RIXUBIS
TRETEN*
WILATE
XYNTHA

Hepatitis C

COPEGUS
INCIVEK
INFERGEN
INTRON-A
MODERIBA
OLYSIO
PEGASYS
PEG-INTRON
REBETOL
RIBAPAK
RIBASPERE
RIBATAB
ribavirin
SOVALDI

VICTRELIS

HIV

EGRIFTA*
FUZEON

Lung Disorders

ACTIMMUNE*
ARALAST/ NP (M)
GLASSIA (M)
PROLASTIN/ C* (M)
SYNAGIS (M)
XOLAIR* (M)
ZEMAIRA* (M)

(Continued on Page 2)

Key

* Limited distribution
(M) Medical benefit
Standard benefits typically exclude coverage for fertility & pregnancy drugs. Check your benefit booklet for coverage and exclusions. Provided through Pharmacy Solutions 800.859.0220 Preferred Hemophilia Network includes Accredited 866.712.5007 and Prime Specialty Pharmacy 877.627.6337

Drugs in BOLD are preferred products

Brand-name products are capitalized (e.g. FLOLAN)

Generic products are in lowercase (e.g. epoprostenol sodium)

For more information, call

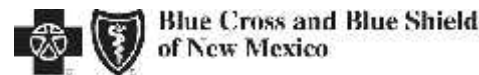
877.627.6337

This list is subject to change without notice. Product names are the property of their respective owners.

Prime Therapeutics Specialty Pharmacy LLC is a wholly owned subsidiary of Prime Therapeutics LLC, a pharmacy benefit management company. Blue Cross and Blue Shield of New Mexico contracts with Prime Therapeutics to provide pharmacy benefit management, mail order pharmacy services and specialty pharmacy services. Blue Cross and Blue Shield of New Mexico, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of New Mexico



Prime Therapeutics Specialty Pharmacy Drug Management List

Macular Degeneration

EYLEA* (M)
LUCENTIS* (M)
MACUGEN* (M)
VISUDYNE* (M)

Multiple Sclerosis

AMPYRA
AUBAGIO
AVONEX
BETASERON
COPAXONE
EXTAVIA
GILENYA
REBIF
TECFIDERA
TYSABRI* (M)

Pulmonary Hypertension

ADCIRCA
ADEMPAS*
epoprostenol sodium* (M)
FLOLAN* (M)
LETAIRIS*
OPSUMIT*
ORENITRAM*
REMODULIN* (M)
REVATIO
sildenafil citrate
TRACLEER*
TYVASO*
VELETRI* (M)
VENTAVIS*

Others

ALFERON N (M)
APOKYN*
BERINERT
CHENODAL*
CUPRIMINE
DEPEN TITRATABS
EXJADE
FERRIPROX*
FIRAZYR
FORTEO
GATTEX*
H.P. ACTHAR GEL*
JETREA* (M)
JUXTAPID*
KALBITOR* (M)
KORLYM*

KRYSTEXXA* (M)
KYNAMRO*
leuprolide acetate
LUPRON DEPOT/PED(M)
MYALEPT*
octreotide acetate
SAMSCA
SANDOSTATIN
SANDOSTATIN LAR (M)
SIGNIFOR*
SOMATULINE DEPOT (M)
SOMAVERT*
SYPRINE
THROMBATE III (M)
VALCHLOR*
VIVITROL (M)
XGEVA (M)
XIAFLEX* (M)
XYREM*
zoledronic acid
ZOMETA (M)

Key

* Limited distribution
(M) Medical benefit
Standard benefits typically exclude coverage for fertility & pregnancy drugs. Check your benefit booklet for coverage and exclusions. Provided through Pharmacy Solutions 800.859.0220 Preferred Hemophilia Network includes Accredo 866.712.5007 and Prime Specialty Pharmacy 877.627.6337

Drugs in BOLD are preferred products

Brand-name products are capitalized (e.g. FLOLAN)

Generic products are in lowercase (e.g. epoprostenol sodium)

For more information, call

877.627.6337

This list is subject to change without notice. Product names are the property of their respective owners.

Prime Therapeutics Specialty Pharmacy LLC is a wholly owned subsidiary of Prime Therapeutics LLC, a pharmacy benefit management company. Blue Cross and Blue Shield of New Mexico contracts with Prime Therapeutics to provide pharmacy benefit management, mail order pharmacy services and specialty pharmacy services. Blue Cross and Blue Shield of New Mexico, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.