



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)
AMEVIVE (M)
ARCALYST*
BENLYSTA (M)
CIMZIA RECONSTITUTION (M)
CIMZIA PREFILLED SYRINGE
ENBREL
HUMIRA
ILARIS* (M)
KINERET
ORENCIA
REMICADE (M)
SIMPONI
STELARA (M)
XELJANZ

Blood

Modifiers

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

Cancer –

Injectable

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

Cancer –

Oral

AFINITOR
BOSULIF*
CAPRELSA*
COMETRIQ*
ERIVEDGE*
GLEEVEC
HEXALEN

HYCANTIN*
ICLUSIG*
INLYTA*
JAKAFI*
LYSODREN
MATULANE*
NEXAVAR
OFORTA
POMALYST*
REVLIMID*
SPRYCEL
STIVARGA*
SUTENT
TARCEVA
TARGRETIN
TASIGNA
TEMODAR
THALOMID

tretinoin
TYKERB*
VANDETANIB*
VOTRIENT*
XALKORI*
XELODA
XTANDI*
ZELBORAF*
ZOLINZA
ZYTIGA*

Clotting

Disorders (M) ♦♦♦

ADVATE
ALPHANATE
ALPHANINE SD
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
WILATE
XYNTHA

Cystic

Fibrosis

CAYSTON*
KALYDECO
PULMOZYME
TOBI

Enzyme

Deficiencies

ALDURAZYME (M)
BUPHENYL
CARBAGLU*
CEREZYME (M)
CINRYZE* (M)
ELAPRASE (M)
ELELYSO* (M)
FABRAZYME (M)
KUVAN*
LUMIZYME (M)
MYOZYME (M)
NAGLAZYME* (M)
ORFADIN*
RAVICTI*
SOLIRIS*(M)
SUCRAID*
VPRIV(M)
XENAZINE*
ZAVESCA*

Fertility &

Pregnancy ♦

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

PREGNLY
REPRONEX

Growth

Hormones

GENOTROPIN
HUMATROPE
INCRELEX*
NORDITROPIN
NUTROPIN/ AQ
OMNITROPE
SAIZEN
SEROSTIM*
TEV-TROPIN
ZORBTIVE

Hepatitis C

COPEGUS
INCIVEK
INFERGEN
INTRON-A
PEGASYS
PEG-INTRON
REBETOL
RIBAPAK
RIBASPHERE
RIBATAB
ribavirin
VICTRELIS

HIV

EGRIFTA*
FUZEON

Lung

Disorders

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

Macular

Degeneration

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

Multiple

Sclerosis

AMPYRA*
AUBAGIO
AVONEX
BETASERON
COPAXONE
EXTAVIA

(Continued on Page 2)

Key

- * Limited distribution
- (M) Medical benefit
- ♦ Standard benefits typically exclude coverage for infertility and drugs administered by the following routes of administration: IA, IL, IM, IO, IT, ITV & IV. Check your benefit booklet for coverage and exclusions.
- ♦♦ Provided through Pharmacy Solutions 800.859.0220
- ♦♦♦ Provided through Coram 800.388. 2273

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.

Prime Therapeutics LLC is the independent company chosen by the Blue Cross and Blue Shield of Oklahoma to manage your prescription drug benefit. Blue Cross and Blue Shield of Oklahoma is a Division of Health Care Service Corporation, A Mutual Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.



Prime Therapeutics Specialty Pharmacy Drug Management List

Multiple

Sclerosis *(continued)*

GILENYA

REBIF

TYSABRI* (M)

Pulmonary

Hypertension

ADCIRCA

epoprostenol sodium* (M)

FLOLAN* (M)

LETAIRIS*

REMODULIN* (M)

REVATIO

sildenafil citrate

TRACLEER*

TYVASO*

VELETRI* (M)

VENTAVIS*

Others

ALFERON N (M)

APOKYN*

BERINERT*

CHENODAL*

EXJADE*

FERRIPROX*

FIRAZYR

FORTEO

GATTEX*

H.P. ACTHAR GEL*

ICLUSIG*

JETREA*

JUXTAPID*

KALBITOR* (M)

KORLYM*

KRYSTEXXA* (M)

leuprolide acetate

LUPRON DEPOT/ PED (M)♦♦

octreotide acetate

SAMSCA

SANDOSTATIN

SANDOSTATIN LAR (M)

SOMATULINE DEPOT (M)

SOMAVERT*

THROMBATE III (M)

VIVITROL (M)

XGEVA (M)

XIAFLEX* (M)

XYREM*

zoledronic acid

ZOMETA (M)

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