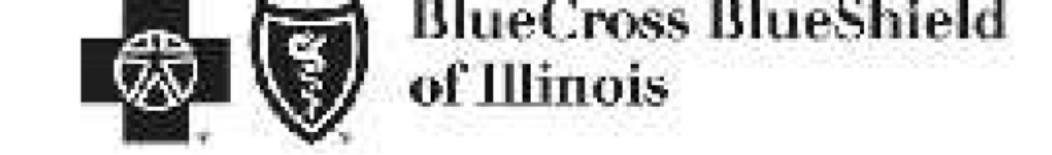
Blue Cross and Blue Shield of Illinois



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.

ACTEMRA (M)
ACTEMRA PREFILLED SYRING
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

Autoimmune

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

ine incurcations are i
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

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 NOVARFI
OVIDREL
DDECNIVI

VIMIZIM *(M)
VPRIV (M)
XENAZINE*
ZAVESCA*
Fertility&Pregnancy
BRAVELLE
CETROTIDE
chorionic gonadotropin
FOLLISTIM AQ
GANIRELIX ACETATE
GONAL-F/ RFF
MAKENA*(M)
MENOPUR
NOVAREL
OVIDREL
PREGNYL
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** TRETTEN* WILATE **XYNTHA Hepatitis C** COPEGUS **INCIVEK** INFERGEN **INTRON-A** MODERIBA **OLYSIO PEGASYS** PEG-INTRON REBETOL RIBAPAK RIBASPHERE RIBATAB ribavirin

SOVALDI

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) (Continued on Page 2) **Key** Limited distribution (M) Medical benefit Provided through Pharmacy Solutions 800.859.0220 ◆◆◆ Preferred Hemophilia Network includes Accredo 866.712.5007 and Prime Specialty Pharmacy

Drugs in BOLD are formulary products

877.627.6337

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.

tobramycin

ZOLINZA

ZYKADIA

ZYTIGA

BETHKIS

CAYSTON*

KALYDECO

TOBI

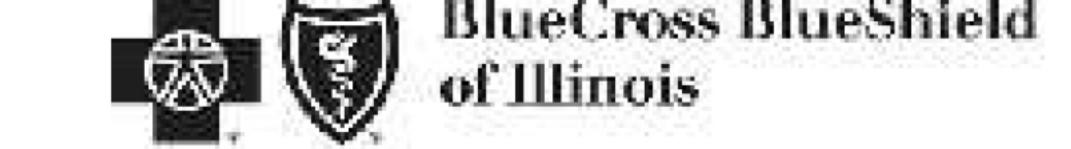
PULMOZYME

Cystic Fibrosis

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 Illinois contracts with Prime Therapeutics to provide pharmacy benefit management, mail order pharmacy services and specialty pharmacy services. Blue Cross and Blue Shield of Illinois, 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 Illinois



Prime Therapeutics Specialty Pharmacy Drug Management List

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)

sildenafil citrate

REVATIO

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

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- ♦♦♦ Preferred Hemophilia
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