

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.

<u>Autoimmune</u> 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	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	<u>Enzyme Deficiencies</u> 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*	NUTROPIN/ AQ OMNITROPE SAIZEN SEROSTIM* TEV-TROPIN ZORBIVE	VICTRELIS
<u>Blood Modifiers</u> ARANESP EPOGEN GRANIX LEUKINE MOZOBIL (M) NEULASTA NEUMEGA NEUPOGEN NPLATE (M) PROCRIT PROMACTA		<u>Fertility&Pregnancy</u> BRAVELLE CETROTIDE chorionic gonadotropin FOLLISTIM AQ GANIRELIX ACETATE GONAL-F/ RFF MAKENA*(M) MENOPUR NOVAREL OVIDREL PREGNYL REPRONEX	<u>Hemophilia ♦♦♦</u> 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	
<u>Cancer – Injectable</u> ELIGARD FIRMAGON (M) SYLATRON TRELSTAR DEPOT/ LA (M)		<u>Growth Hormones</u> GENOTROPIN HUMATROPE INCRELEX* NORDITROPIN	<u>Hepatitis C</u> COPEGUS INCIVEK INFERGEN INTRON-A MODERIBA OLYSIO PEGASYS PEG-INTRON REBETOL RIBAPAK RIBASPHERE RIBATAB ribavirin SOVALDI	
<u>Cancer - Oral</u> AFINITOR / DISPERZ BOSULIF* capecitabine				<u>Lung Disorders</u> ACTIMMUNE* ARALAST/ NP (M) GLASSIA (M) PROLASTIN/ C*(M) SYNAGIS (M) XOLAIR*(M) ZEMAIRA*(M)
				<u>Macular Degeneration</u> 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 877.627.6337

Drugs in BOLD are formulary 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 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.

Prime Therapeutics Specialty Pharmacy Drug Management List

Multiple Sclerosis			
AMPYRA		SAMSCA	
AUBAGIO		SANDOSTATIN	
AVONEX		SANDOSTATIN LAR (M)	
BETASERON		SIGNIFOR*	
COPAXONE		SOMATULINE DEPOT (M)	
EXTAVIA		SOMAVERT*	
GILENYA		SYPRINE	
REBIF		THROMBATE III (M)	
TECFIDERA		VALCHLOR*	
TYSABRI*(M)		VIVITROL (M)	
		XGEVA (M)	
		XIAFLEX*(M)	
		XYREM*	
		zoledronic acid	
		ZOMETA (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			

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