

Order Specialty Pharmacy products from any of the following Preferred SP Rx Pharmacies:

**Caremark Specialty
Pharmacy Services**
Phone: 1-800-237-2767
Fax: 1-800-323-2445

CuraScript, Inc.
Phone: 1-888-773-7376
Fax: 1-888-773-7386

Accredo Health Group
Phone: 1-888-239-0725
Fax: 1-866-387-1003

**Walgreens Specialty
Pharmacy**
Phone: 1-800-424-9002
Fax: 1-800-874-9179

BlueCross BlueShield of Tennessee's Specialty Pharmacy Program designates between provider-administered specialty medications and self-administered specialty products.

Provider-Administered Specialty Pharmacy Products

Provider-administered specialty pharmacy products are ordered by a provider and administered in an office or outpatient setting.

To obtain Prior Authorization for provider-administered specialty drugs (as noted below), your network physician must call BlueCross BlueShield of Tennessee at 1-800-924-7141.

Abraxane	epoprostenol ^{PA}	Mozobil	Supartz
Actemra ^{PA}	(Flolan, Veletri)	Myobloc	Supprelin
Acthar H.P. Gel ^{PA}	Eributux ^{PA}	Myochrysin	Synagis ^{PA}
Adagen	Erwinaze ^{PA}	Myozyme	Synvisc
Adcetris ^{PA}	Euflexxa	Naglazyme	Synvisc One
Aldurazyme	Eylea ^{PA}	Neulasta	Temodar inj ^{PA}
Alferon N	Fabrazyme	Neumega	Thyrogen
Alimta ^{PA}	Firmagon	Neupogen	Torisel
Amevive ^{PA}	Folotyln ^{PA}	Nexplanon	Treanda ^{PA}
Aralast	Gemzar	NovoSeven	Trelstar
Aralast NP	Halaven ^{PA}	Nplate	Trisenox
Aranesp ^{PA}	Herceptin	Orencia ^{PA}	Tysabri ^{PA}
Arranon	Hyalgan	Orthovisc	Vantas
Arzerra ^{PA}	Hycamtin	Ozurdex	Vectibix ^{PA}
Avastin ^{PA}	Hylenex	Prialt	Velcade ^{PA}
Benlysta ^{PA}	Ilaris	Procrit ^{PA}	Vidaza
Berinerit ^{PA}	Immune Globulins	Proleukin	Vislida
Botox	Implanon	Prolia ^{PA}	Visudyne
Campath	Intron A IV	Provenge ^{PA**}	Vivitrol
Camptosar	Istodax ^{PA}	Qutenza	Vpriv
Ceredase	Ixempra	Reclast	Xeomin
Cerezyme	Jevtana ^{PA}	Remicade ^{PA}	Xgeva ^{PA}
Cimzia vials ^{PA}	Krystexxa ^{PA}	Remodulin ^{PA}	Xiaflex
Cinryze ^{PA}	Leukine	Retisert	Xolair ^{PA}
Cytovene IV	Lucentis	RiaSTAP	Yervoy ^{PA}
Dacogen	Lumizyme	Risperdal Consta	Zemaira
Dysport	Lupron Depot	Rituxan ^{PA}	Zoladex
Elaprase	Macugen	Sandostatin LAR	Zometa
Eligard IM	Makena	Soliris	
Eloxatin	Mirena	Somatuline	
Epogen ^{PA}	mitoxantrone (Novantrone)	Stelara ^{PA}	

Self-Administered Specialty Pharmacy Products

Patients administer these specialty drugs to themselves, usually by injection.

To obtain Prior Authorization for self-administered specialty drugs (as noted below), your network physician must call Caremark at 1-877-916-2271.

Acthar H.P. Gel ^{PA}	Hizentra ^{PA}	Revlimid ^{PA}
Actimmune	Humira ^{PA}	ribavirin (Copegus, Rebetol,Ribasphere) ^{PA}
Adcirca ^{PA}	Hycamtin	Sabril ^{PA}
Afinitor ^{PA}	Incivek ^{PA}	Samsca
Ampyra ^{PA}	Increlex ^{PA}	Sensipar
Anti-Hemophilic Factors	Intron A SQ ^{PA}	Simponi ^{PA, ST-1}
Apokyn	Iressa	Somavert
Aranesp ^{PA}	Jakafi ^{PA}	Sprycel
Arcalyst	Kineret ^{PA, ST-2}	Stimate
Avonex	Kuvan	Sutent ^{PA}
Betaseron	Letairis ^{PA}	Sylatron
Caprelsa ^{PA}	leuprolide (Lupron SQ)	Tarceva
Cimzia syringes ^{PA, ST-1}	Mozobil	Targretin ^{PA}
Cinryze ^{PA}	Neulasta	Tasigna
Copaxone	Neumega	Temodar oral ^{PA}
Cystadane	Neupogen	Thalomid ^{PA}
Enbrel ^{PA}	Nexavar ^{PA}	TOBI
Epogen ^{PA}	NovoSeven	Tracleer ^{PA}
epoprostenol ^{PA} (Flolan, Veletri)	octreotide SQ (Sandostatin SQ)	Tykerb ^{PA}
Exjade	Orencia Sub-Q ^{PA, ST-2}	Tyvaso ^{PA}
Extavia	Orfadin	Ventavis ^{PA}
Ferriprox	Pegasys ^{PA}	Victrelis ^{PA}
Firazy ^{PA}	Peg-Intron ^{PA}	Vivaglobin ^{PA}
Forteo	Procrit ^{PA}	Votrient ^{PA}
Fuzeon	Promacta ^{PA}	Xalkori ^{PA}
Gammagard Liquid ^{PA}	Pulmozyme	Xeloda
Gilenya ^{PA}	Gleevec	Xenazine ^{PA}
Growth Hormone (Norditropin) ^{PA}	Remodulin ^{PA}	Zavesca ^{PA}
	Revatio ^{PA}	Zelboraf ^{PA}
		Zolanza
		Zytiga

All Specialty Pharmacy drugs are limited to a 30-day supply. Certain Specialty Pharmacy drugs may have additional quantity limits. Check the Quantity Limitations list on bcbst.com for more information.

^{PA} This drug requires prior authorization before dispensing/administration.

^{ST-1} Trial and failure of Humira and Enbrel except for Crohn's disease when only a trial of Humira is required.

^{ST-2} Trial and failure of Humira and Enbrel.

^{**} Provenge is not available through BCBST's Preferred SP Rx Pharmacies. Information on obtaining Provenge may be found at <http://www.provenge.com/contact-us.aspx>

This list is subject to change throughout the year. Drug coverage may vary depending on the benefit plan.
Check your Evidence of Coverage for specific benefit information.