

Order Specialty Pharmacy products from any of the following dispensing 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: 1-888-347-3416
Fax: 1-877-231-8302

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	Eloxatin	Myochrysin	Supprelin
Acthar H.P. Gel ^{PA}	Epogen ^{PA}	Myozyme	Synagis ^{PA *}
Adagen	epoprostenol ^{PA}	Naglazyme	Synvisc
Aldurazyme*	(Flolan)	Neulasta	Synvisc One
Alferon N	Eributix ^{PA *}	Neumega	Thyrogen
Alimta	Euflexxa	Neupogen	Torisel
Amevive ^{PA *}	Fabrazyme*	NovoSeven*	Treanda
Aralast*	Feraheme	Nplate	Trelstar
Aralast NP*	Herceptin	Orencia ^{PA *}	Trisenox
Aranesp ^{PA}	Hyalgan	Orthovisc	Tysabri ^{PA *}
Arcalyst	Hycamtin	Prialt	Vantas
Arranon	Hylenex	Procrit ^{PA}	Vectibix ^{PA}
Avastin ^{PA *}	Ilaris	Prolastin*	Velcade ^{PA *}
Botox*	Immune Globulins	Proleukin	Viadur Implant
Campath	Intron A IV	Reclast	Vidaza
Camplosar	Ixempra	Remicade ^{PA *}	Vistide
Ceredase*	Leukine	Remodulin ^{PA}	Visudyne
Cerezyme*	Lucentis	Retisert	Vivitrol
Cimzia vials	Lupron Depot	RiaSTAP	Xolair ^{PA}
Cinryze ^{PA}	Macugen	Risperdal Consta	Zemaira*
Cytovene IV	Mirena	Rituxan ^{PA *}	Zoladex
Dacogen	mitoxantrone	Sandostatin LAR	Zometa
Degarelix	(Novantrone)	Soliris	
Elaprase	Mozobil	Somatuline ^{ST-1}	
Eligard IM	Myobloc*	Supartz	

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}	Intron A SQ	Sabril ^{PA}
Actimmune ^{PA}	Iressa	Sensipar
Adcirca ^{PA}	Kineret	Simponi
Afinitor ^{PA}	Kuvan	Somavert
Anti-Hemophilic Factors	Letairis ^{PA}	Sprycel ^{ST-2}
Apokyn	leuprolide (Lupron SQ)	Slimite
Aranesp ^{PA}	Mozobil	Sutent ^{PA}
Avonex	Neumega	Tarceva
Betaseron	Neupogen	Tasigna ^{ST-2}
Cimzia syringes	Nexavar ^{PA}	Temodar ^{PA}
Copaxone	octreotide SQ (Sandostatin SQ)	Thalomid ^{PA}
Cystadane	Orfadin	TOBI
Enbrel	Pegadys	Tracleer ^{PA}
Epogen ^{PA}	Peg-Intron	Tykerb ^{PA}
Exjade	Procrit ^{PA}	Tyvaso ^{PA}
Forteo	Promacta ^{PA}	Ventavis ^{PA}
Fuzeon	Pulmozyme	Vivaglobin ^{PA}
Gleevec	Rebif	Xeloda
Growth Hormones ^{PA}	Revatio ^{PA}	Xenazine ^{PA}
Humira	Revlimid ^{PA}	Zavesca ^{PA}
Hycamtin	ribavirin (Copegus, Rebetol, Ribasphere)	Zolinza
Increlex ^{PA}	Roferon A	
Infergen		

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.

^{ST1} This drug requires Step Therapy. Member must have tried and failed Somavert.

^{ST-2} These drugs require Step Therapy. You must be resistant or intolerant to imatinib (Gleevec) for this medication to be covered.

* Some plans allow these provider-administered drugs to process through the pharmacy claims system with a written prescription and may require prior authorization. Check your Evidence of Coverage for specific benefit information. Your physician must obtain prior authorization for these drugs by contacting Caremark at 1-877-916-2271.

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.