

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

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

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.

<sup>PA</sup> This drug requires prior authorization before dispensing/administration.

<sup>ST1</sup> This drug requires Step Therapy. Member must have tried and failed Somavert.

<sup>ST-2</sup> 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.