

### Specialty Drug List

Drug Name	Prior Authorization Needed	Quantity Limit
Actemra (tocilizumab)	Y	Y
Actemra SC (tocilizumab)	Y	
Adempas (riociguat)	Y	
Adcirca (tadalafil)	Y	Y-60
Advate (antihemophilic factor, recombinant)		
Afinitor (everolimus)	Y	
Aldurazyme (laronidase)		
Alphanate (antihemophilic factor)		
Alphanine SD (coagulation Factor IX)		
Amprya (dalfapridine)	Y	Y-60
Aralast (alpha, proteinase inhibitor)		
Aranesp (darbopoetin alfa)	Y	
Arcalyst (riloncept)		
Aubagio (teriflunomide)	STEP THERAPY	
Avonex (interferon beta 1a)		
Bebulin VH (coagulation Factor IX)		
Benefix (coagulation Factor IX)		
Benlysta (belimumab)	Y	
Berinert (C1 Esterase Inhibitor)	Y	Y-16 vials
Betaseron (interferon beta 1b)		
Bethkis (tobramycin inhaled)	Y	
Boniva IV (ibandronate)	Y	
Bosulif (bosutinib)	Y	
Botox (botulism toxin)	Y	
Bravelle (urofolitropin)		
Caprelsa (vandetanib)	Y	Y-100mg-60, 300mg-30
Carbaglu (carglumic acid)	Y	
Carimune (intravenous immune globulin)	Y	
Caystan (aztreonam)		
Cerdelga (eligustat tartrate)		
Cerezyme (imiglucerase)	Y	
Cetrotide (cetorelix acetate)		
Cimzia (certolizumab pegol)	Y	Y-6 syringes one time, then 2syringes
Cinryze (C1 Esterase Inhibitor)	Y	Y-16 vials (8000 U)
Cometriq (cabozantinib)	Y	
Copaxone (glatiramer)		
Corifact (Factor XIII)		
Cystaren (cysteamine ophthalmic drops)	Y	
Dysport (abobotulinum toxinA)	Y	
Elaprase (idursulfase)		
Eluelyso (taliglucerase alfa)	Y	
Eligard (leuprolide acetate)	Y	
Enbrel (etanercept)	Y	Y-25mg-8 syringes, 50mg-4 syringes
Entyvio (vedolizumab)	Y	Y-300mg (1 vial) x 3mos then 1 vial every 8 wks
Epogen (epoetin alfa) same as Procrit	Y	
Epoprostenol	Y	
Erivedge (vismodegib)	Y	
Esbriet (pirfenidone)	Y	
Exjade (deferasirox)		
Extavia (interferon B1)	STEP THERAPY	
Eylea (aflibercept)	Y	Y-1 vial per month x 3 then 1 vial every 8 weeks
Fabrazyme (agalsidase beta)		
FEIBA (anti-inhibitor coagulant complex)		
Ferriprox (deferiprone)	Y	
Firazyr (icatibant)	Y	Y-3 syringes (9 ml)
Firmagon (degarelix acetate)		
Flebogamma (intravenous immune globulin)	Y	
FloLAN (epoprostenol)	Y	
Follistim, Follistim AQ (follitropin beta)		
Forteo (teriparatide)	Y	
Fuzeon (enfuvirtide)		
Gattex (teduglutide)	Y	
Gamastan (intravenous immune globulin)	Y	
Gammagard (intravenous immune globulin)	Y	
Gamunex-C (immune globulin)	Y	
ganirelex acetate		
Genotropin (somatotropin)	Y	Y-28
Gilenya (fingolimod)	STEP THERAPY	Y-30
Gilotrif (afatinib)	Y	Y-30
Glassia (alpha1 proteinase inhibitor)		
Gleevec (imatinib)	Y	
Gonal-F, Gonal-F RFF (follitropin alpha)		
Granix (TBO-filgrastim)		
Harvoni (sofosbuvir/ledipasvir)	Y	
Helixate (antihemophilic Factor VIII)		
Hemofil M (antihemophilic factor)		
Hizentra (immune globulin SC)	Y	
Humate P (von Willebrand Factor Complex)		
Humatrope (somatotropin)	Y	Y-28
Humira (adalimumab)*	Y	Y-6 syringes one time, then 2syringes

Hyqvia (immun glob/hyaluron inj)	Y	
Ibrance (palbociclib)	Y	
Iclusig (ponatinib)	Y	
Ilaris (canakinumab)		
Imbruvica (ibrutinib)-	Y	LDD-Avella, Biologics, Total Life Care, Onco360
Increlex (mecasermin)	Y	
Infergen (interferon alfacon-1)		
Inlyta (axitinib)	Y	
Intron A (interferon alpha)		
Jakafi (ruxolitinib)	Y	
Juxtapid (lomitapide)	Y	Y-varies by strength 30 for 5mg, 10mg; 90 for 20mg
Kalydeco (ivacaftor)	Y	Y-60
Kineret (anakinra)	Y	
Koate DVI (antihemophilic factor)		
Kogenate FS (antihemophilic factor recombinant)		
Korlym (mifepristone)	Y	
Krystexxa (pegloticase)	Y	
Kuvan (sapropterin)		
Kynamro (mipomersen)	Y	Y-4
Lenvima (lenvatinib)	Y	
Letairis (ambrisentan)	Y	Y-30
Leukine (sargramostim)		
Lucentis (ranibizumab)	Y	Y
Lumizyme (alglucosidase alfa)	Y	
Lupaneta (leuprolide depot + norethindrone)		
Lupron depot (leuprolide acetate)	Y	
Lynparza (olaparib)	Y	
Macugen (pegaptanib)	Y	
Mekinist (trametinib)	Y	
Menopur (gonadotropins/menotropins)		
Monoclate P (antihemophilic factor)		
Mononine (coagulation Factor IX)		
Mozobil (plerixafor)		
Myobloc (botulism toxin)	Y	
Myozyme (alglucosidase alfa)	Y	
N Plate (romiplostim)	Y	
Naglazyme (galsulfase)		
Neudexta (dextromethorphan/quinidine)	Y	
Neulasta (pegfilgrastim)		Y-1 syringe (0.6ml)
Neumega (oprelvekin)	Y	
Neupogen (filgrastim)	Y	
Nexavar (sorafenib)	Y	
Norditropin (somatropin)	Y	Y-28
Novarel (chorionic gonadotropins)		
Novoseven (coagulation Factor VIIa)		
Nulojix (belatacept)		
Nutropin (somatropin)	Y	Y-28
Nutropin AQ (somatropin)	Y	Y-28
Octagam (intravenous immune globulin)		
Ofev (nintedanib esylate)	Y	
Olysio (simeprvir)	Y	
Omnitrope (somatropin)	Y	Y-28
Opsumit (macitentan)	Y	medical exception
Orencia IV (abatacept)*	Y	Y-4 vials
Orencia SC (abatacept)	Y	Y-4 syringes
Orenitram (treprostadiol)	Y	
Ovidrel (choriogonadotropin alpha)		
Pegasys (peginterferon alfa 2a)		
Peg-Intron (peginterferon alfa 2b)	Y	
Pomalyst (pomalidomide)	Y	Y-21 per 28 days
Pregnyl (chorionic gonadotropins)		
Privigen (intravenous immune globulin)	Y	
Procrit same as Epogen	Y	
Procysbi (cysteamine bitartrate)	Y	
Profilnine (ciagulation factor IX complex)		
Prolastin (alpha <sub>1</sub> proteinase inhibitor)		
Prolia (denosumab)	Y	
Promacta (eltrombopag)	Y	
Pulmozyme (dornase alfa inhaled)		
Ravicti (glycerol phenylbutyrate)	Y	
Rebif (interferon beta 1a)	STEP THERAPY	
Recombinate (antihemophilic factor recombinant)		
Remicade (infliximab)	Y	
Remodulin (treprostiniol)	Y	
Repronex (gonadotropins/menotropins)		
Revatio (sildenafil) and generic	Y	Y-360
Revlimid (lenalidomide)	Y	Y-21 per 28 days
RiaSTAP (fibrinogen concentrate)		
Rituxan (rituximab) (for non oncology indications ONLY)	Y	
Rixubis (Factor IX, recombinant)		
Sabril (vigabatrin)	Y	
Saizen (somatropin)	Y	Y-28
Sandostatin LAR Depot (octreotide acetate)		
Serostim (somatropin)	Y	Y-28
Signifor (pasireotide)	Y	Y-60
Simponi (galimumab)	Y	Y-4 syringes (50mg) x 1; 1 syringe per 28 days
Simponi Aria (galimumab)	Y	
Somatuline Depot (lanreotide)		
Somavert (pegvisomant)		
Sovaldi (sofosbuvir )	Y	
Sprycel (dasatinib)	Y	
Stelara (ustekinumab)	Y	Y-1 syringe per 28 days x2 then 1 syringe every 12 weeks

Sterile Diluent for epoprostenol solution		
Stivarga (regorafenib)	Y	
Supprelin LA (histrelin acetate)		
Sutent (sunitinib)	Y	
Sylatron (peginterferon alfa-2b)	Y	
Synagis (palivizumab)	Y	Y (50MG ndc ONLY)
Tafinlar (dabrafenib)	Y	
Tarceva (erlotinib)	Y	
Targretin (bexarotene)	Y	
Tasigna (nilotinib)	Y	
Tecfidera (dimethyl fumarate)	STEP THERAPY	Y-60
Temodar oral (temozolomide) and generic	Y	
Tev-tropin (somatropin)	Y	Y
Thalomid (thalidomide)	Y	
Thiola (tipronin)	Y	
TOBI Podhaler (tobramycin inhaled)	Y	
Tobramycin inhaled		
Tracleer (bosentan)	Y	Y-60
Trelstar (triptorelin pamoate)		
Tretten (Catridecacog Coagulation Factor XIII A recombinant)		
Tykerb (lapatinib)	Y	
Tysabri (natalizumab)	Y	
Tyvaso (treprostinil)	Y	
Vantas (histrelin acetate)		
Ventavis (iloprost inhaled)	Y	
Valchlor (methchlorothamine gel)	Y	
Veletri (epoprostenol sodium)	Y	
Victrelis (boceprevir)	Y	Y-360
Vivitrol (maltrexone)	Y	
Votrient (pazopanib)	Y	
Vpriv (velaglucerase alfa)	Y	
Wilate (VWF/Factor VIII)		
Vimizim (elosulfase alfa)	Y	
Xalkori (crizotinib)	Y	Y-60
Xeljanz (tofacitinib)	Y	Y-60
Xeloda (capecitabine) and generic	Y	
Xenazine (tetrabenazine)	Y	
Xeomin (incobotulinum toxin A)	Y	
Xgeva (denosumab)	Y	
Xolair (omalizumab)	Y	
Xtandi (enzalutamide)	Y	Y-120
Xyrem (sodium oxybate)	Y	
Xyntha (antihemophilic factor recombinant)		
Zavesca (miglustat)		
Zelboraf (vemurafenib)	Y	Y-240
Zemaira (alpha <sub>1</sub> proteinase inhibitor)		
Zoladex (goserelin acetate)		
Zolinza (vorinostat)	Y	
Zorbtive (somatropin)	Y	Y-28
Zykadia (ceritinib)	Y	Y-30
Zytiga (abiraterone)	Y	Y-120

Revised 04/7/15

04/15 RX-16532

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.