

Prime Therapeutics Specialty Pharmacy Drug Management List

Definition of specialty medications: Specialty medications are generally prescribed for people with complex or ongoing medical conditions such as multiple sclerosis, hemophilia, hepatitis C and rheumatoid arthritis. These high cost medications also have one or more of the following characteristics: injected or infused, but some may be taken by mouth; unique storage or shipment requirements; additional education and support required from a health care professional; and usually not stocked at retail pharmacies. Please refer to your benefit booklet for detailed coverage information.

Antihyperlipidemic

PRALUENT
REPATHA

Autoimmune

ACTEMRA
ARCALYST*
BENLYSTA
CIMZIA
COSENTYX
DUPIXENT
ENBREL
ENTYVIO
FIRDAPSE*
HUMIRA
ILARIS*
INFLECTRA
KINERET*
ORENCIA
OTEZLA
REMICADE
RENFLEXIS
SILIQ
SIMPONI
SIMPONI ARIA
STELARA
TALTZ
TREMIFYA
XELJANZ
XELJANZ XR

Blood Modifiers

ARANESP
CABLIVI*
EPOGEN
FULPHILA
LEUKINE
MOZOBIL
NEULASTA
NEUMEGA
NEUPOGEN
NIVESTYN
NPLATE
PROCRIT
PROMACTA
RETACRIT
UDENYCA

Cancer – Injectable

ELIGARD
FIRMAGON
HYDROXYPROGESTERONE
CAPROATE
SYLATRON
SYNRIBO*
TRELSTAR DEPOT/ LA

Cancer - Oral

abiraterone acetate
AFINITOR / DISPERZ
ALECENSA*
ALUNBRIG*
bexarotene
BOSULIF
CABOMETYX*
CALQUENCE*
capecitabine
CAPRELSA*
COMETRIQ*
COPIKTRA*
COTELLIC
DAURISMO
ERIVEDGE*
FARYDAK*
GILOTRIF*
GLEEVEC
HEXALEN
HYCAMTIN
ICLUSIG*
imatinib mesylate
IMBRUVICA*
INLYTA
IRESSA*
JAKAFI*
KISQALI
KISQALI FEMARA
LENVIMA*
LONSURF*
LORBRENA
LYNPARZA*
LYSODREN*
MATULANE*
MEKINIST
NERLYNX*
NEXAVAR
NINLARO*
ODOMZO
POMALYST*
REVLIMID*
RUBRACA*
RYDAPT
SPRYCEL
STIVARGA
SUTENT
TABLOID
TAFINLAR
TAGRISSO*
TALZENNA
TARCEVA
TARGRETIN
TASIGNA
TEMODAR
temozolomide

THALOMID

TIBSOVO*
tretinoin
TYKERB
VENCLEXTA*
VERZENIO*
VITRAKVI*
VIZIMPRO
VOTRIENT
XALKORI
XELODA
XOSPATA*
XTANDI
ZEJULA*
ZELBORAF
ZOLINZA
ZYDELIG*
ZYKADIA*
ZYTIGA

Cystic Fibrosis

CAYSTON*
KALYDECO*
ORKAMBI*
PULMOZYME
TOBI
tobramycin

Enzyme Deficiencies

BUPHENYL
CARBAGLU*
CEREZYME
ELAPRASE
ELELYSO*
FABRAZYME
GALAFOLD
KANUMA*
KUVAN*
LUMIZYME
miglustat
MYOZYME
NAGLAZYME*
NITYR*
ORFADIN*
PALYNZIQ*
RAVICTI*
REVCovi
STRENSIQ*
SUCRAID*
SYLVANT
VIMIZIM*
VPRIV
ZAVESCA*

Fertility&Pregnancy

BRAVELLE

CETROTIDE

chorionic gonadotropin
FOLLISTIM AQ
GANIRELIX ACETATE
GONAL-F/ RFF
MAKENA
MENOPUR
NOVAREL
OVIDREL
PREGNYL
REPRONEX

Growth Hormones

GENOTROPIN
HUMATROPE
INCRELEX*
NORDITROPIN
NUTROPIN/AQ
OMNITROPE
SAIZEN
SEROSTIM*
TEV-TROPIN
ZOMACTON
ZORBTIVE

Hemophilia

ADVATE
ADYNOVATE
AFSTYLA
ALPHANATE
ALPHANINE SD
ALPROLIX
BEBULIN/ VH
BENEFIX
COAGADEX*
CORIFACT*
ELOCTATE
FEIBA NF/ VH
HELIXATE FS
HEMOFIL M
HUMATE-P
IDELVION
JIVI
KOATE-DVI
KOGENATE FS
KOVALTRY
MONOCLATE-P
MONONINE
NOVOSEVEN/ RT
NUVIQ
OBIZUR
PROFILNINE SD
RECOMBINATE
RIXUBIS
TRETEN*
VONVENDI*

WILATE
XYNTHA

Hepatitis C

COPEGUS
DAKLINZA
EPCLUSA
HARVONI
INCIVEK
INTRON-A
LEDIPASVIR/SOFOSBUVIR
MAVYRET
MODERIBA
OLYSIO
PEGASYS
PEG-INTRON
REBETOL
RIBAPAK
RIBASPHERE
RIBATAB
ribavirin
SOFOSBUVIR
/VELPATASVIR
SOVALDI
TECHNIVIE
VICTRELIS
VIEKIRA
ZEPATIER

HIV

EGRIFTA
FUZEON

Lung Disorders

ACTIMMUNE*
ADEMPAS*
ARALAST NP
CINQAIR*
ESBRIET
GLASSIA

(Continued on Page 2)

Key

* Limited distribution

Drugs in BOLD are preferred 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. This list is for medications obtained under the pharmacy benefit.

Prime Therapeutics LLC is independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Nebraska. Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD®, and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Please note that these drugs are not available at PrimeMail. Inclusion on this list does not guarantee coverage. Some products may be excluded from coverage or require prior authorization before coverage is granted. If you have any questions about this list or about your prescription drug benefits, please call the Customer Service Center at the number shown on the back of your Blue Cross and Blue Shield of Nebraska member ID card.

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Prime Therapeutics Specialty Pharmacy Drug Management List

NUCALA
OFEV*
ORENITRAM*
PROLASTIN-C*
SYNAGIS
XOLAIR
ZEMAIRA*

Macular Degeneration

LUCENTIS*
MACUGEN*
VISUDYNE*

Multiple Sclerosis

AUBAGIO
AVONEX
BETASERON
COPAXONE
EXTAVIA
GILENYA
glatopa
LEMTRADA
OCREVUS
PLEGRIDY
REBIF
TECFIDERA
TYSABRI*
ZINBRYTA

Pulmonary Hypertension

ADCIRCA
alyq
epoprostenol sodium*
FLOLAN*
LETAIRIS*
OPSUMIT*
REMODULIN*
REVATIO
sildenafil citrate
tadalafil
TRACLEER*
TYVASO*
UPTRAVI*
VELETRI
VENTAVIS*

Others

ALFERON N
APOKYN*
ARIKAYCE*
AUSTEDO
BERINERT*
CHENODAL*
CHOLBAM*
CINRYZE*
CRYSVITA*
ENDARI*
EXJADE
EXONDYS 51*

EMFLAZA
FERRIPROX*
FIRAZYR
FORTEO
GAMIFANT
GATTEX*
HAEGARDA*
H.P. ACTHAR GEL*
INGREZZA*
IPRIVASK
JADENU
JUXTAPID*
KORLYM*
KRYSTEXXA*
KYNAMRO*
leuprolide acetate
LUPANETA KIT
LUPRON DEPOT/ PED
NATPARA*
OCALIVA*
octreotide acetate
ONPATTRO*
OXERVATE*
PROCYSBI*
RADICAVA*
SAMSCA
SANDOSTATIN/ LAR
SIGNIFOR*
SIGNIFOR LAR*
SIRTURO*
SOLIRIS
SOMATULINE DEPOT
SOMAVERT*
SPINRAZA*
TAVALISSE*
TEGSEDI*
tetrabenazine
THROMBATE III
TRIPTODUR*
TYMLOS
ULTOMIRIS
VALCHLOR*
VISTOGARD*
VIVITROL
XENAZINE*
XERMELO*
XGEVA
XIAFLEX*
XURIDEN*
XYREM*
zoledronic acid
ZOMETA

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Discrimination is Against the Law

Blue Cross and Blue Shield of Nebraska complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Nebraska does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Nebraska:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-888-488-9850, TTY 711.

If you believe that Blue Cross and Blue Shield of Nebraska has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Manager, Corporate Compliance
Blue Cross and Blue Shield of Nebraska
P.O. Box 3248
Omaha, NE 68180-0001
1-888-488-9850, TTY: 711
Fax: 1-402-392-4130
civilrights@nebraskablue.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Manager, Corporate Compliance, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-488-9850 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-488-9850 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-488-9850 (TTY: 711)。

Arabic: ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-488-9850 (رقم هاتف الصم والبكم: 711).

Karen: ဟံသုဉ်ဟံသး- နမ့ကတိၤ ကညိ ကျိအသိ, နမၤန့ ကျိအတၢ်မၤစၢၤလၢ တလၢၣ်ဘျုးလၢၣ်စ့ၤ နိတမံၤဘျုးသ့န့ၣ်လီၤ. ကိ: 1-888-488-9850 (TTY: 711)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-488-9850 (ATS: 711).

Cushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-488-9850 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-488-9850 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-488-9850 (TTY: 711) 번으로 전화해 주십시오.

Nepali: ध्यान दिनुहोस्: यदि तपाईंले नेपाली बोल्नुहुन्छ भने, तपाईंको लागि भाषा सहायता सेवाहरू नि:शुल्क उपलब्ध छन्। 1-888-488-9850 (TTY: 711) मा फोन गर्नुहोस्।

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-488-9850 (телетайп: 711).

Laotian: ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-488-9850 (TTY: 711).

Kurdish: ناگاداری: ئه‌گهر به زمانى كوردى قهسه، دهكهیت خزمهتگوزاریهكانى یارمهتی، زمان بهخۆرایى بو تو بهردهسته. پهپهندی به 1-888-488-9850 (TTY: 711) بکه.

Persian: توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات و کمک‌های زبانی رایگان برای شما موجود است. برای کسب اطلاعات بیشتر، با شماره 1-888-488-9850 (TTY: 711) تماس بگیرید.

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-488-9850（TTY: 711）まで、お電話にてご連絡ください。