

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
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*
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
ZORBIVE

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
NUWIQ
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
NUCALA

(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

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

**Macular
Degeneration**
LUCENTIS*
MACUGEN*
VISUDYNE*

Multiple Sclerosis
AMPYRA
AUBAGIO
AVONEX
BETASERON
COPAXONE
dalfampridine
EXTAVIA
GILENYA
glatopa
LEMRADA
OCREVUS
PLEGRIDY
REBIF
TECFIDERA
TYSABRI*
ZINBRYTA

**Pulmonary
Hypertension**
ADCIRCA
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*
TAVALLISSE*
TEGSEDI*
tetrabenazine
THROMBATE III
TRIPTODUR*
TYMLOS
VALCHLOR*
VISTOGARD*
VIVITROL
XENAZINE*
XERMELO*
XGEVA
XIAFLEX*
XURIDEN*
XYREM*
zoledronic acid
ZOMETA

Key

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Federally Required Notices

Discrimination is Against the Law

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

BCBSNE:

- 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 (800) 991-5840.

If you believe that BCBSNE 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, P.O. Box 3248, Omaha, NE 68180-0001, Toll Free (800) 991-5840, Fax 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, 800-537-7697 (TDD)

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

ATTENTION*: This notice may have important information about your application or coverage. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or get help with costs. If you or someone you're helping has questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-991-5840.

*This notice is translated as federally required.

Arabic

تنبيه: قد يتضمن هذا الإشعار معلومات مهمة عن تطبيقك أو تأمينك. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد يلزمك اتخاذ إجراء قبل المواعيد النهائية المحددة للحفاظ على التأمين الصحي أو للحصول على مساعدة بشأن التكاليف. إذا كنت أنت أو أحد من تساعدكم لديكم أسئلة، فلك الحق في الحصول على مساعدة ومعلومات بلغتك وبدون تكلفة. للتحدث مع أحد المترجمين الفوريين، اتصل برقم 1-800-991-5840

Chinese Traditional

注意：本通知可能含有與您的申請或保險有關的重要資訊。在本通知中尋找重要的日期。您可能需要在某個截止日期前採取行動，以保持您的健康保險或獲得費用方面的幫助。如果您或者您正幫助的人有疑問，您有權利以您的語言免費獲得提供的幫助與資訊。致電口譯員，請撥打1-800-991-5840。

German

Achtung: Diese Mitteilung kann wichtige Informationen über Ihren Antrag oder die Versicherungsdeckung beinhalten. Beachten Sie wichtige Fristen in dieser Mitteilung. Sie müssen unter Umständen Maßnahmen innerhalb bestimmter Fristen ergreifen, um Ihren Krankenversicherungsschutz zu erhalten oder eine Kostenerstattung zu erhalten. Wenn Sie oder jemand, dem Sie helfen, Fragen hat, können Sie kostenlos Hilfe und Informationen in Ihrer Sprache erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte 1-800-991-5840 an.

Spanish (Mexico)

ATENCIÓN: Este aviso puede contener información importante sobre su solicitud o cobertura. Ponga atención a las fechas clave en este aviso. Puede ser que usted necesite realizar algunas acciones para determinadas fechas y así mantener su cobertura de salud o para obtener ayuda con los costos. Si usted o alguien a quien usted ayuda tiene alguna pregunta, tiene el derecho de recibir información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-800-991-5840.

Farsi

توجه این اعلامیه ممکن است اطلاعات مهمی درباره درخواست یا طرح پوشش بیمهتان داشته باشد. تاریخ های اصلی را در این اعلامیه جستجو کنید. ممکن است لازم باشد تا موعد مقرری اقدام کنید تا پوشش بیمه درمانیتان حفظ شود یا هزینه های درمانی را دریافت کنید. اگر شما یا فردی دیگر که به او کمک می کنید، سوالی دارید، از این حق برخوردار هستید تا راهنمایی و اطلاعات را به صورت رایگان به زبان خودتان دریافت کنید. برای صحبت کردن با یک مترجم، با شماره 1-800-991-5840 تماس بگیرید.

French (Europe)

ATTENTION : Cet avis peut contenir des informations importantes concernant votre demande ou votre garantie. Prêtez attention aux dates clés indiquées. Il vous faudra peut-être prendre des mesures avant une certaine date pour pouvoir conserver votre assurance-santé ou bénéficier d'aides au paiement. Si vous ou une personne que vous aidez avez des questions, vous pouvez obtenir gratuitement de l'assistance et des informations dans votre langue. Pour parler à un interprète, appelez le 1-800-991-5840.

Japanese

ご注意：本通知書には、患者さんの申請や保険について重大な情報が含まれている可能性があります。本通知書の日付をご覧ください。医療保険を利用したり、費用についてサポートを受けるには、本通知書に従って特定の期限までに手続きしてください。患者さん、または付き添いの方が質問がある場合は、母国語で無料で支援を受けたり、情報を受け取る権利があります。通訳と話したい場合は、1-800-991-5840. まで電話をおかけください。

Karen

ဟ်သုၣ်ဟ်သး- တၢ်ဘိးဘၣ်သ့ၣ်ညါအံၤ/ဘၣ်သ့ၣ်သ့ၣ်/ကဆိၣ်ဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤလၢ/အရၢခိၣ်ဘၣ်ဃး/န့ၣ်ပတံၢ်တၢ်မ့တမ့ၢ်/တၢ်ဆုၣ်ကိၤသးန့ၣ်လီၤ.
က့ၢ်ယု/မ့ၢ်န့ၢ်မ့ၢ်သီအရၢခိၣ်လၢ/လံာ်ဘိးဘၣ်သ့ၣ်ညါအံၤအပူၤတက့ၢ်.
ဘၣ်သ့ၣ်သ့ၣ်/နကဘၣ်/ဟံးဂ့ၢ်ဝိလၢ/မ့ၢ်န့ၢ်လၢခံကတၢ်လၢ/တၢ်ဟ်ပန့ၣ်န့ၢ်န့ၢ်/လၢနကဟ့ၣ်နတၢ်ဆိၣ်ဆုၣ်ဆိၣ်ချ့/တၢ်ဘူးတၢ်လဲတဖၣ်/မ့တမ့ၢ်/မၤန့ၢ်တၢ်မၤစၢၤလၢ/တၢ်ပူၤလီၤလဲတဖၣ်န့ၣ်လီၤ. /န့ၢ်/မ့တမ့ၢ်/ပှၤတဂၤဂၤလၢ/နမၤစၢၤမ့ၢ်ဆိၣ်ဒီးတၢ်သံက့ၢ်အယံၤ./နဆိၣ်ဒီး
တၢ်ခွဲးတၢ်ယၢ်လၢ/ကမၤန့ၢ်တၢ်မၤစၢၤဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤလၢ/နကျိၣ်လၢ/တလၢာ်ဘၣ်လၢာ်စ့ၤဘၣ်န့ၣ်လီၤ. /လၢနကကတၢ်တၢ်ဒီး/ပှၤကျိးထံတၢ်အဂီၢ်./ကိး 1-800-991-5840.တက့ၢ်.

Korean

주의: 본 고지에는 해당 신청서 또는 적용범위에 대한 중요한 정보가 있을 수 있습니다.
본 고지의 주요 날짜를 찾으십시오. 해당 건강보험을 유지하거나 비용을 지원받는 특정 기한까지 조치를 취
하셔야 합니다. 본인 자신이나 본인이 돕고 있는 누군가가 질문이 있다면 무료로 모국어로 된 도움과 정보를
얻을 수 있는 권리가 있습니다. 통역사와 통화하려면 1-800-991-5840. 번으로 전화하십시오.

Kurdish

ئاگاداری

رهنگه ئهم ئاگاداریه زانیاری گرنگی تیدا بێت دهربارهی داواکاری یان روومالکر دنهکمهت بهدوای بهرواره سهههکهکانی ناو ئهم ئاگاداریه
بگهڕێ لهوانهیه پنیویست بکات له هههندیک دوا واده کرداریک بکهیت بۆ نهوهی روومالی تههندروستیت بهردهوام بێت یان یارمهتی بۆ
تیچوو و مکنات دهست بخهیت. ئهگهڕ تۆ یان کهسێک که تۆ یارمهتی دهدهیت پرساری ههیه، تۆ مافی دهسکهوتنی یارمهتی و زانیاریت به
زمانی خۆت بێ بهرامبهر ههیه. بۆ قسهکردن لهگهڵ وهرگێڕیک، پهیههندی به 18009915840 بکه.

Lao

ສົ່ງທ່ານຄຳຂໍສອບຖາມໃນສາຍ: ຈຳນວນສູບ ບັນ
ອາດຈະມີຂໍ້ມູນທ່ານສໍາຄັນກ່ຽວກັບການສະໜັບສະໜູນ
ການຄຸ້ມຄອງສູບຂະໜາດຂອງທ່ານ. ຈຳນວນອາດຈະມີຂໍ້ມູນທ່ານສໍາຄັນໃນແຈ້ງການສູບ ບັນ
ທ່ານອາດຈະຕ້ອງການການໃບຂອບເຂດເວລາໃດໜຶ່ງ
ເພື່ອຮັກສາການຄຸ້ມຄອງສູບຂະໜາດຂອງທ່ານ
ໄດ້ຮັບການຊ່ວຍເຫຼືອທາງດ້ານບໍລິການ. ຖ້າຫາກທ່ານ
ຫຼືບໍ່ຄຸ້ມຄອງທ່ານກໍ່ຈະຊ່ວຍເຫຼືອສູບ ບັນ
ມີຄໍາຖາມທ່ານມີສິດໄດ້ຮັບການຊ່ວຍເຫຼືອແລະ
ໄດ້ຮັບຂໍ້ມູນທ່ານເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ.
ຕ້ອງການລູກບ້ານແປພາສາ, ຈຳນວນໂທທາບ 1-800-991-5840.

Nepali

ध्यानाकर्षणः यो सूचनामा तपाईंको निवेदन वा कभरेजको बारेमा महत्त्वपूर्ण जानकारी हुनसक्छ। यो सूचनामा मुख्य मितिहरू हेर्नुहोस्। तपाईंको स्वास्थ्य कभरेज वा लागतमा मद्दत प्राप्त गर्न तपाईंले निश्चित समयसीमा भित्र कारबाही लिनुपर्ने हुनसक्छ। तपाईं वा तपाईंले सहायता गरेका कसैसँग जिज्ञासाहरू छन् भने तपाईंसँग आफ्नो भाषामा निःशुल्क सहायता र जानकारी प्राप्त गर्ने अधिकार छ। दोभाषेसँग कुरा गर्न 1-800-991-5840.मा कल गर्नुहोस्।

Oromo

HUBAACHIISA: Beeksisi kun odeeffannoo barbaachisaa waa'ee iyyata keetii yookaan waa'ee tajaajiloota qabaachuu mala. Beeksisa kana irraa guyyoota barbaachisoo ta'an ilaali. Tajaajila fayyaa kee itti fufsiisuuf guyyoota murtaa'an irratti tarkaanfiin ati fudhattu yookaan kaffaltiidhaan gargaarsi ati argattu jiraachu mala. Yoo ati ykn namni ati gargaartu, gaaffii qabaattan, gatii malee gargaarsaa fi oddeeffanno afaan dandeessaaniin argachuun mirga keessaani. Warra afaan hikkaaniif lakkoofsa kanaan bilbilaa 1-800-991-5840.

Russian

ВНИМАНИЕ! В данном уведомлении может содержаться важная информация о вашей заявке или страховке. В нем также указаны ключевые даты. Вам может потребоваться выполнить некоторые действия к определенному сроку для сохранения вашей медицинской страховки или получения помощи в оплате расходов. Если у вас или у человека, которому вы помогаете, возникнут вопросы, вы имеете право получить помощь и информацию на своем языке бесплатно. Чтобы поговорить с переводчиком, позвоните по номеру 1-800-991-5840.

Vietnamese

CHÚ Ý: Thông báo này có thể chứa thông tin quan trọng về đơn đăng ký hoặc bảo hiểm của quý vị. Tìm những ngày chính trong thông báo này. Quý vị có thể cần hành động trước một số thời hạn để duy trì bảo hiểm sức khỏe của mình hoặc được giúp đỡ có tính phí. Nếu quý vị hoặc người quý vị đang giúp đỡ, có thắc mắc, quý vị có quyền lấy thông tin và được trợ giúp bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi số 1-800-991-5840.