

# Blue Cross and Blue Shield of Montana



## Specialty Drug Management List

### Coverage for Specialty Medications

The Specialty Drug Management List is a list of medications that our plans identify as being a specialty medication. Specialty medications are often prescribed to treat complex and/or chronic conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. These medications may have special handling and/or storage needs. Coverage for specialty medications that are FDA approved for *self-administration* are often provided through your *pharmacy* benefit plan. Specialty medications that are FDA approved for administration by a health care professional are often covered under your *medical* benefit plan. Some medications on the Specialty Drug Management List may be covered by either the pharmacy or medical benefit. So, these medications will appear under both the pharmacy and medical sections. The Specialty Drug Management List is not all inclusive and is subject to change. The listing of the drug on this list does not guarantee coverage. If you have any questions, call the number on your member ID card.

### Drugs Covered Under Your Pharmacy Benefits:

Please note: You may need approval before these drugs can be considered for coverage. Your doctor can find request forms at [bcbsmt.com/provider](http://bcbsmt.com/provider). Your doctor can also call the number on your ID card with any questions about your benefits. Based on the terms of your benefit plan, you may need to fill these prescriptions at an in-network specialty pharmacy to get the most out of your benefits. Call the number on your member ID card to help locate an in-network specialty pharmacy near you. BCBSMT members who use oral oncology or hemophilia specialty drugs may have other in-network specialty pharmacy options.

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
ABIRATERONE ACETATE	CANCER-ORAL	OR
ABRILADA	AUTOIMMUNE	SC
ACTEMRA	AUTOIMMUNE	SC
ACTEMRA ACTPEN	AUTOIMMUNE	SC
ACTHAR	ENDOCRINE	IJ
ACTIMMUNE	LUNG DISORDERS	SC
ADALIMUMAB-AACF	AUTOIMMUNE	SC
ADALIMUMAB-ADAZ	AUTOIMMUNE	SC
ADALIMUMAB-ADBIM	AUTOIMMUNE	SC
ADALIMUMAB-FKJP	AUTOIMMUNE	SC
ADBRY	AUTOIMMUNE	SC
ADCIRCA	PULMONARY HYPERTENSION	OR
ADEMPAS	PULMONARY HYPERTENSION	OR
ADVATE	HEMOPHILIA	IV
ADYNOVATE	HEMOPHILIA	IV
AFINITOR	CANCER-ORAL	OR
AFINITOR DISPERZ	CANCER-ORAL	OR
AFSTYLA	HEMOPHILIA	IV
AKEEGA	CANCER	OR
ALECENSA	CANCER-ORAL	OR
ALKERAN	CANCER-ORAL	OR
ALKINDI SPRINKLE	CORTICOSTEROIDS	OR
ALPHANATE	HEMOPHILIA	IV
ALPHANINE SD	HEMOPHILIA	IV
ALPROLIX	HEMOPHILIA	IV
ALTUVIIIO	HEMOPHILIA	IV
ALUNBRIG	CANCER-ORAL	OR
ALYQ	PULMONARY HYPERTENSION	OR
AMBRISENTAN	PULMONARY HYPERTENSION	OR
AMJEVITA	AUTOIMMUNE	SC

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

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AMPYRA	MULTIPLE SCLEROSIS	OR
APOKYN	PARKINSON	SC
APOMORPHINE	PARKINSON	SC
ARANESP ALBUMIN FREE	BLOOD MODIFIERS	IJ
ARCALYST	AUTOIMMUNE	SC
ARIKAYCE	OTHER NON-CATEGORIZED	IN
AUBAGIO	MULTIPLE SCLEROSIS	OR
AUSTEDO	OTHER NON-CATEGORIZED	OR
AVONEX PEN	MULTIPLE SCLEROSIS	IM
AVONEX PREFL	MULTIPLE SCLEROSIS	IM
AYVAKIT	CANCER-ORAL	OR
BAFIERTAM	MULTIPLE SCLEROSIS	OR
BALVERSA	CANCER-ORAL	OR
BENEFIX	HEMOPHILIA	IV
BENLYSTA	AUTOIMMUNE	SC
BERINERT	HEMATOLOGICAL	IV
BESREMI	CANCER	SC
BETAINE ANHYDROUS	ENZYME DEFICIENCIES	OR
BETASERON	MULTIPLE SCLEROSIS	SC
BETHKIS	CYSTIC FIBROSIS	IN
BEXAROTENE	CANCER-ORAL	OR
BEXAROTENE	CANCER	EX
BIMZELX	AUTOIMMUNE	SC
BOSENTAN	PULMONARY HYPERTENSION	OR
BOSULIF	CANCER-ORAL	OR
BRAFTOVI	CANCER-ORAL	OR
BRONCHITOL	CYSTIC FIBROSIS	IN
BRONCHITOL TOLERANCE TEST	CYSTIC FIBROSIS	IN
BRUKINSA	CANCER-ORAL	OR
BUPHENYL	ENZYME DEFICIENCIES	OR
BYLVAY	OTHER NON-CATEGORIZED	OR
CABLVI	BLOOD MODIFIERS	IJ
CABOMETYX	CANCER-ORAL	OR
CALQUENCE	CANCER-ORAL	OR
CAMZYOS	OTHER NON-CATEGORIZED	OR
CAPECITABINE	CANCER-ORAL	OR
CAPRELSA	CANCER-ORAL	OR
CARBAGLU	ENZYME DEFICIENCIES	OR
CARGLUMIC	ENZYME DEFICIENCIES	OR

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CASODEX	CANCER-ORAL	OR
CAYSTON	CYSTIC FIBROSIS	IN
CERDELGA	ENZYME DEFICIENCIES	OR
CETRORELIX	FERTILITY & PREGNANCY	SC
CETROTIDE	FERTILITY & PREGNANCY	SC
CHENODAL	GASTROINTESTINAL	OR
CHOLBAM	GASTROINTESTINAL	OR
CHORIONIC GONADOTROPIN	FERTILITY & PREGNANCY	IM
CIBINQO	AUTOIMMUNE	OR
CIMZIA	AUTOIMMUNE	SC
CIMZIA STARTER KIT	AUTOIMMUNE	SC
COAGADEX	HEMOPHILIA	IV
COMETRIQ	CANCER-ORAL	OR
COPAXONE	MULTIPLE SCLEROSIS	SC
COPIKTRA	CANCER-ORAL	OR
CORIFACT	HEMOPHILIA	IV
CORTROPHIN	ENDOCRINE	IJ
COSENTYX	AUTOIMMUNE	SC
COSENTYX SENSOREADY PEN	AUTOIMMUNE	SC
COSENTYX UNOREADY	AUTOIMMUNE	SC
COTELLIC	CANCER-ORAL	OR
CUPRIMINE	OTHER NON-CATEGORIZED	OR
CUVRIOR	OTHER NON-CATEGORIZED	OR
CYLTEZO	AUTOIMMUNE	SC
CYSTADANE	ENZYME DEFICIENCIES	OR
CYSTADROPS	OPHTHALMIC	OP
CYSTAGON	OTHER NON-CATEGORIZED	OR
CYSTARAN	OPHTHALMIC	OP
DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	OR
DAURISMO	CANCER-ORAL	OR
DAYBUE	OTHER NON-CATEGORIZED	OR
DEFERASIROX	OTHER NON-CATEGORIZED	OR
DEFERIPRONE	OTHER NON-CATEGORIZED	OR
DEPEN TITRATABS	OTHER NON-CATEGORIZED	OR
DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	OR
DIMETHYL FUMARATE STARTERPACK	MULTIPLE SCLEROSIS	OR
DOJOLVI	VITAMINS & SUPPLEMENTS	OR
DOPTELET	BLOOD MODIFIERS	OR
DUPIXENT	AUTOIMMUNE	SC

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EGRIFTA SV	HIV	SC
ELIGARD	CANCER-ORAL	SC
ELOCTATE	HEMOPHILIA	IV
EMCYT	CANCER-ORAL	OR
EMFLAZA	CORTICOSTEROIDS	OR
EMPAVELI	HEMATOLOGICAL	SC
ENBREL	AUTOIMMUNE	SC
ENBREL MINI	AUTOIMMUNE	SC
ENBREL SURECLICK	AUTOIMMUNE	SC
ENDARI	BLOOD MODIFIERS	OR
ENSPRYNG	IMMUNOSUPPRESSANTS	SC
ENTYVIO	AUTOIMMUNE	SC
EPCLUSA	HEPATITIS C	OR
EPOGEN	BLOOD MODIFIERS	IJ
ERIVEDGE	CANCER-ORAL	OR
ERLEADA	CANCER-ORAL	OR
ERLOTINIB HYDROCHLORIDE	CANCER-ORAL	OR
ESBRIET	LUNG DISORDERS	OR
ESPEROCT	HEMOPHILIA	IV
ETOPOSIDE	CANCER-ORAL	OR
EULEXIN	CANCER	OR
EVEROLIMUS	CANCER-ORAL	OR
EVRYSDI	OTHER NON-CATEGORIZED	OR
EXJADE	OTHER NON-CATEGORIZED	OR
EXKIVITY	CANCER	OR
EXTAVIA	MULTIPLE SCLEROSIS	SC
FARESTON	CANCER-ORAL	OR
FASENRA PEN	LUNG DISORDERS	SC
FEIBA	HEMOPHILIA	IV
FERRIPROX	OTHER NON-CATEGORIZED	OR
FERRIPROX TWICE-A-DAY	OTHER NON-CATEGORIZED	OR
FIBRYGA	HEMOPHILIA	IV
FILSPARI	OTHER NON-CATEGORIZED	OR
FINGOLIMOD	MULTIPLE SCLEROSIS	OR
FIRAZYR	HEMATOLOGICAL	SC
FIRDAPSE	AUTOIMMUNE	OR
FOLLISTIM AQ	FERTILITY & PREGNANCY	SC
FORTEO	BONE DENSITY	SC
FOTIVDA	CANCER-ORAL	IV

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FULPHILA	BLOOD MODIFIERS	SC
FYLNETRA	BLOOD MODIFIERS	SC
FYREMADEL	FERTILITY & PREGNANCY	SC
GALAFOLD	ENZYME DEFICIENCIES	OR
GANIRELIX ACETATE	FERTILITY & PREGNANCY	SC
GATTEX	GASTROINTESTINAL	SC
GAVRETO	CANCER-ORAL	OR
GEFITINIB	CANCER	OR
GENOTROPIN	GROWTH HORMONES	SC
GENOTROPIN MINIQUICK	GROWTH HORMONES	SC
GILENYA	MULTIPLE SCLEROSIS	OR
GILOTRIF	CANCER-ORAL	OR
GLASSIA	LUNG DISORDERS	IV
GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	SC
GLATOPA	MULTIPLE SCLEROSIS	SC
GLEEVEC	CANCER-ORAL	OR
GLEOSTINE	CANCER-ORAL	OR
GOCOVRI	PARKINSON	OR
GONAL-F	FERTILITY & PREGNANCY	IJ
GONAL-F RFF	FERTILITY & PREGNANCY	SC
GONAL-F RFF REDIJECT	FERTILITY & PREGNANCY	SC
GRANIX	BLOOD MODIFIERS	SC
HADLIMA	AUTOIMMUNE	SC
HADLIMA PUSHTOUCH	AUTOIMMUNE	SC
HAEGARDA	HEMATOLOGICAL	SC
HARVONI	HEPATITIS C	OR
HEMLIBRA	HEMOPHILIA	SC
HEMOFIL M	HEMOPHILIA	IV
HETLIOZ	SLEEP DISORDERS	OR
HETLIOZ LQ	SLEEP DISORDERS	OR
HULIO	AUTOIMMUNE	SC
HUMATE-P	HEMOPHILIA	IV
HUMATROPE	GROWTH HORMONES	IJ
HUMIRA	AUTOIMMUNE	SC
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	AUTOIMMUNE	SC
HUMIRA PEN	AUTOIMMUNE	SC
HUMIRA PEN-CD/UC/HS STARTER	AUTOIMMUNE	SC
HUMIRA PEN-PEDIATRIC UC STARTER PACK	AUTOIMMUNE	SC
HUMIRA PEN-PS/UV STARTER	AUTOIMMUNE	SC

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HYCANTIN	CANCER-ORAL	OR
HYRIMOZ	AUTOIMMUNE	SC
HYRIMOZ-CROHNS	AUTOIMMUNE	SC
HYRIMOZ-PEDITATRIC CROHNS	AUTOIMMUNE	SC
HYRIMOZ-PLAQUE PSORIASIS	AUTOIMMUNE	SC
IBRANCE	CANCER-ORAL	OR
ICATIBANT ACETATE	HEMATOLOGICAL	SC
ICLUSIG	CANCER-ORAL	OR
IDACIO	AUTOIMMUNE	SC
IDACIO CROHNS	AUTOIMMUNE	SC
IDACIO PLAQUE PSORIASIS	AUTOIMMUNE	SC
IDELVION	HEMOPHILIA	IV
IDHIFA	CANCER-ORAL	OR
IMATINIB MESYLATE	CANCER-ORAL	OR
IMBRUVICA	CANCER-ORAL	OR
IMCIVREE	LIFESTYLE	SC
INBRIJA	PARKINSON	IN
INCRELEX	GROWTH HORMONES	SC
INGREZZA	OTHER NON-CATEGORIZED	OR
INLYTA	CANCER-ORAL	OR
INQOVI	CANCER-ORAL	OR
INREBIC	CANCER-ORAL	OR
INTRON A	HEPATITIS C	IJ
IRESSA	CANCER-ORAL	OR
ISTURISA	ENDOCRINE	OR
IXINITY	HEMOPHILIA	IV
JADENU	OTHER NON-CATEGORIZED	OR
JADENU SPRINKLE	OTHER NON-CATEGORIZED	OR
JAKAFI	CANCER-ORAL	OR
JAVYGTOR	ENZYME DEFICIENCIES	OR
JAYPIRCA	CANCER	OR
JIVI	HEMOPHILIA	IV
JOENJA	OTHER NON-CATEGORIZED	OR
JUXTAPID	ANTIHYPERLIPIDEMIC	OR
JYNARQUE	ENDOCRINE	OR
KALYDECO	CYSTIC FIBROSIS	OR
KESIMPTA	MULTIPLE SCLEROSIS	SC
KEVZARA	AUTOIMMUNE	SC
KINERET	AUTOIMMUNE	SC

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KISQALI	CANCER-ORAL	OR
KISQALI FEMARA	CANCER-ORAL	OR
KITABIS PAK	CYSTIC FIBROSIS	IN
KOATE	HEMOPHILIA	IV
KOATE-DVI	HEMOPHILIA	IV
KOGENATE FS	HEMOPHILIA	IV
KORLYM	ENDOCRINE	OR
KOSELUGO	CANCER-ORAL	OR
KOVALTRY	HEMOPHILIA	IV
KRAZATI	CANCER	OR
KUVAN	ENZYME DEFICIENCIES	OR
LAPATINIB DITOSYLATE	CANCER-ORAL	OR
LEDIPASVIR/SOFOSBUVIR	HEPATITIS C	OR
LENALIDOMIDE	CANCER	OR
LENVIMA	CANCER-ORAL	OR
LETAIRIS	PULMONARY HYPERTENSION	OR
LEUKERAN	CANCER-ORAL	OR
LEUKINE	BLOOD MODIFIERS	IJ
LEUPROLIDE ACETATE	OTHER NON-CATEGORIZED	IJ
LIQREV	PULMONARY HYPERTENSION	OR
LITFULO	AUTOIMMUNE	OR
LIVMARLI	OTHER NON-CATEGORIZED	OR
LIVTENCITY	ANTI-INFECTIVE	OR
LONSURF	CANCER-ORAL	OR
LORBRENA	CANCER-ORAL	OR
LUMAKRAS	CANCER	OR
LUMRYZ	SLEEP DISORDERS	OR
LUPKYNIS	IMMUNOSUPPRESSANTS	OR
LYNPARZA	CANCER-ORAL	OR
LYSODREN	CANCER-ORAL	OR
LYTGOBI	CANCER-ORAL	OR
MATULANE	CANCER-ORAL	OR
MAVENCLAD	MULTIPLE SCLEROSIS	OR
MAVYRET	HEPATITIS C	OR
MAYZENT	MULTIPLE SCLEROSIS	OR
MEKINIST	CANCER-ORAL	OR
MEKTOVI	CANCER-ORAL	OR
MELPHALAN	CANCER-ORAL	OR
MENOPUR	FERTILITY & PREGNANCY	SC

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MIGLUSTAT	ENZYME DEFICIENCIES	OR
MONONINE	HEMOPHILIA	IV
MULPLETA	BLOOD MODIFIERS	OR
MYALEPT	ENZYME DEFICIENCIES	SC
MYCAPSSA	ENDOCRINE	OR
MYLERAN	CANCER-ORAL	OR
NATPARA	BONE DENSITY	SC
NERLYNX	CANCER-ORAL	OR
NEULASTA	BLOOD MODIFIERS	SC
NEULASTA ONPRO KIT	BLOOD MODIFIERS	SC
NEUPOGEN	BLOOD MODIFIERS	IJ
NEXAVAR	CANCER-ORAL	OR
NGENLA	GROWTH HORMONES	SC
NILANDRON	CANCER-ORAL	OR
NILUTAMIDE	CANCER-ORAL	OR
NINLARO	CANCER-ORAL	OR
NITISINONE	ENZYME DEFICIENCIES	OR
NITYR	ENZYME DEFICIENCIES	OR
NIVESTYM	BLOOD MODIFIERS	IJ
NORDITROPIN FLEXPPO	GROWTH HORMONES	SC
NOURIANZ	PARKINSON	OR
NOVAREL	FERTILITY & PREGNANCY	IM
NOVOEIGHT	HEMOPHILIA	IV
NOVOSEVEN RT	HEMOPHILIA	IV
NUBEQA	CANCER-ORAL	OR
NUCALA	LUNG DISORDERS	SC
NUTROPIN AQ NUSPIN	GROWTH HORMONES	SC
NUWIQ	HEMOPHILIA	IV
NYVEPRIA	BLOOD MODIFIERS	SC
OBIZUR	HEMOPHILIA	IV
OICALIVA	GASTROINTESTINAL	OR
OCTREOTIDE ACETATE	ENDOCRINE	IJ
ODOMZO	CANCER-ORAL	OR
OFEV	LUNG DISORDERS	OR
OJJAARA	CANCER	OR
OLUMIANT	AUTOIMMUNE	OR
OMNITROPE	GROWTH HORMONES	SC
OMVOH	AUTOIMMUNE	SC
ONUREG	CANCER-ORAL	OR

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OPFOLDA	ENZYME DEFICIENCIES	OR
OPSUMIT	PULMONARY HYPERTENSION	OR
ORENCIA	AUTOIMMUNE	SC
ORENCIA CLICKJECT	AUTOIMMUNE	SC
ORENITRAM	PULMONARY HYPERTENSION	OR
ORFADIN	ENZYME DEFICIENCIES	OR
ORGOVYX	CANCER-ORAL	OR
ORKAMBI	CYSTIC FIBROSIS	OR
ORLADEYO	HEMATOLOGICAL	OR
ORSERDU	CANCER	OR
OTEZLA	AUTOIMMUNE	OR
OVIDREL	FERTILITY & PREGNANCY	SC
OXBRYTA	BLOOD MODIFIERS	OR
OXERVATE	OPHTHALMIC	OP
PALFORZIA	OTHER NON-CATEGORIZED	OR
PALYNZIQ	ENZYME DEFICIENCIES	SC
PEGASYS	HEPATITIS C	SC
PEGASYS PROCLICK	HEPATITIS C	SC
PEMAZYRE	CANCER-ORAL	OR
PENICILLAMINE	OTHER NON-CATEGORIZED	OR
PHEBURANE	ENZYME DEFICIENCIES	OR
PHENYL BUTYRA	ENZYME DEFICIENCIES	OR
PIQRAY	CANCER-ORAL	OR
PIRFENIDONE	LUNG DISORDERS	OR
PLEGRIDY	MULTIPLE SCLEROSIS	SC
PLEGRIDY PEN	MULTIPLE SCLEROSIS	IM
POMALYST	CANCER-ORAL	OR
PONVORY	MULTIPLE SCLEROSIS	OR
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	FERTILITY & PREGNANCY	IM
PROCRIT	BLOOD MODIFIERS	IJ
PROCYSBI	OTHER NON-CATEGORIZED	OR
PROFILNINE	HEMOPHILIA	IV
PROMACTA	BLOOD MODIFIERS	OR
PULMOZYME	CYSTIC FIBROSIS	IN
PURIXAN	CANCER-ORAL	OR
PYRUKYND	HEMATOLOGICAL	OR
QINLOCK	CANCER-ORAL	OR
RADICAVA ORS	OTHER NON-CATEGORIZED	OR
RAVICTI	ENZYME DEFICIENCIES	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

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# Blue Cross and Blue Shield of Montana



Blue Cross BlueShield  
of Montana

## Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
REBIF	MULTIPLE SCLEROSIS	SC
REBIF REBIDOSE	MULTIPLE SCLEROSIS	SC
REBIF REBIDOSE TITRATION PACK	MULTIPLE SCLEROSIS	SC
REBINYN	HEMOPHILIA	IV
RECOMBINATE	HEMOPHILIA	IV
RECORLEV	ENDOCRINE	OR
RELEUKO	BLOOD MODIFIERS	SC
RELEUKO	BLOOD MODIFIERS	IJ
RELYVRIO	OTHER NON-CATEGORIZED	OR
RETACRIT	BLOOD MODIFIERS	IJ
RETEVMO	CANCER-ORAL	OR
REVATIO	PULMONARY HYPERTENSION	OR
REVCOVI	ENZYME DEFICIENCIES	IM
REVLIMID	CANCER-ORAL	OR
REZLIDHIA	CANCER-ORAL	OR
REZUROCK	OTHER NON-CATEGORIZED	OR
RIASTAP	HEMOPHILIA	IV
RIBAVIRIN	HEPATITIS C	OR
RINVOQ	AUTOIMMUNE	OR
RIXUBIS	HEMOPHILIA	IV
ROZLYTREK	CANCER-ORAL	OR
RUBRACA	CANCER-ORAL	OR
RUCONEST	HEMATOLOGICAL	IV
RUZURGI	AUTOIMMUNE	OR
RYDAPT	CANCER-ORAL	OR
SAIZEN	GROWTH HORMONES	IJ
SAIZENPREP RECONSTITUTIONKIT	GROWTH HORMONES	IJ
SAJAZIR	HEMATOLOGICAL	SC
SAMSCA	ENDOCRINE	OR
SANDOSTATIN	ENDOCRINE	IJ
SAPROPTERIN DIHYDROCHLORIDE	ENZYME DEFICIENCIES	OR
SCEMBLIX	CANCER	OR
SEROSTIM	GROWTH HORMONES	SC
SEVENFACT	HEMOPHILIA	IV
SIGNIFOR	ENDOCRINE	SC
SILDENAFIL CITRATE	PULMONARY HYPERTENSION	OR
SILIQ	AUTOIMMUNE	SC
SIMPONI	AUTOIMMUNE	SC
SKYCLARYS	OTHER NON-CATEGORIZED	OR

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## Specialty Drug Management List

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SKYRIZI	AUTOIMMUNE	SC
SKYRIZI PEN	AUTOIMMUNE	SC
SKYTROFA	GROWTH HORMONES	SC
SODIUM OXYBATE	SLEEP DISORDERS	OR
SODIUM PHENYL BUTYRATE	ENZYME DEFICIENCIES	OR
SOFOSBUVIR/VELPATASVIR	HEPATITIS C	OR
SOGROYA	GROWTH HORMONES	SC
SOMAVERT	ENDOCRINE	SC
SORAFENIB TOSYLATE	CANCER	OR
SOTYKTU	AUTOIMMUNE	OR
SOVALDI	HEPATITIS C	OR
SPRYCEL	CANCER-ORAL	OR
STELARA	AUTOIMMUNE	SC
STIMUFEND	BLOOD MODIFIERS	SC
STIVARGA	CANCER-ORAL	OR
STRENSIQ	ENZYME DEFICIENCIES	SC
SUCRAID	ENZYME DEFICIENCIES	OR
SUNITINIB	CANCER	OR
SUTENT	CANCER-ORAL	OR
SYMDEKO	CYSTIC FIBROSIS	OR
SYNAGIS	LUNG DISORDERS	IM
SYNAREL	ENDOCRINE	NA
SYNRIBO	CANCER	SC
SYPRINE	OTHER NON-CATEGORIZED	OR
TABLOID	CANCER-ORAL	OR
TABRECTA	CANCER-ORAL	OR
TADALAFIL	PULMONARY HYPERTENSION	OR
TADLIQ	PULMONARY HYPERTENSION	OR
TAFINLAR	CANCER-ORAL	OR
TAGRISSO	CANCER-ORAL	OR
TAKHZYRO	HEMATOLOGICAL	SC
TALTZ	AUTOIMMUNE	SC
TALZENNA	CANCER-ORAL	OR
TARCEVA	CANCER-ORAL	OR
TARGRETIN	CANCER	EX
TARGRETIN	CANCER-ORAL	OR
TASCENSO ODT	MULTIPLE SCLEROSIS	OR
TASIGNA	CANCER-ORAL	OR
TASIMELTEON	SLEEP DISORDERS	OR

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Blue Cross BlueShield  
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## Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
TAVALISSE	BLOOD MODIFIERS	OR
TAVNEOS	HEMATOLOGICAL	OR
TAZVERIK	CANCER-ORAL	OR
TECFIDERA	MULTIPLE SCLEROSIS	OR
TEGSEDI	OTHER NON-CATEGORIZED	SC
TEMODAR	CANCER-ORAL	OR
TEMOZOLOMIDE	CANCER-ORAL	OR
TEPMETKO	CANCER-ORAL	OR
TERIFLUNOMID	MULTIPLE SCLEROSIS	OR
TERIPARATIDE	BONE DENSITY	SC
TETRABENAZINE	OTHER NON-CATEGORIZED	OR
TEZSPIRE	LUNG DISORDERS	SC
THALOMID	CANCER-ORAL	OR
TIBSOVO	CANCER-ORAL	OR
TOBI	CYSTIC FIBROSIS	IN
TOBI PODHALER	CYSTIC FIBROSIS	IN
TOBRAMYCIN	CYSTIC FIBROSIS	IN
TOLVAPTAN	ENDOCRINE	OR
TOREMIFENE CITRATE	CANCER-ORAL	OR
TRACLEER	PULMONARY HYPERTENSION	OR
TREMFYA	AUTOIMMUNE	SC
TRETINOIN	CANCER-ORAL	OR
TRETTEN	HEMOPHILIA	IV
TRIENTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	OR
TRIKAFTA	CYSTIC FIBROSIS	OR
TRUSELTIQ	CANCER	OR
TUKYSA	CANCER-ORAL	OR
TURALIO	CANCER-ORAL	OR
TYKERB	CANCER-ORAL	OR
TYMLOS	BONE DENSITY	SC
TYVASO	PULMONARY HYPERTENSION	IN
TYVASO DPI	PULMONARY HYPERTENSION	IN
TYVASO REFILL	PULMONARY HYPERTENSION	IN
TYVASO STARTER	PULMONARY HYPERTENSION	IN
UDENYCA	BLOOD MODIFIERS	SC
UKONIQ	CANCER-ORAL	OR
UPTRAVI	PULMONARY HYPERTENSION	OR
UPTRAVI PACK	PULMONARY HYPERTENSION	OR
VALCHLOR	CANCER	EX

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## Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
VANFLYTA	CANCER	OR
VENCLEXTA	CANCER-ORAL	OR
VENTAVIS	PULMONARY HYPERTENSION	IN
VERZENIO	CANCER-ORAL	OR
VIEKIRA PAK	HEPATITIS C	OR
VIJOICE	OTHER NON-CATEGORIZED	OR
VISTOGARD	OTHER NON-CATEGORIZED	OR
VITRAKVI	CANCER-ORAL	OR
VIZIMPRO	CANCER-ORAL	OR
VONJO	CANCER	OR
VONVENDI	HEMOPHILIA	IV
VOSEVI	HEPATITIS C	OR
VOTRIENT	CANCER-ORAL	OR
VOWST	GASTROINTESTINAL	OR
VOXZOGO	ENDOCRINE	SC
VUMERITY	MULTIPLE SCLEROSIS	OR
VYNDAMAX	OTHER NON-CATEGORIZED	OR
VYNDAQEL	OTHER NON-CATEGORIZED	OR
WAKIX	SLEEP DISORDERS	OR
WELIREG	CANCER	OR
WILATE	HEMOPHILIA	IV
XALKORI	CANCER-ORAL	OR
XELJANZ	AUTOIMMUNE	OR
XELJANZ XR	AUTOIMMUNE	OR
XELODA	CANCER-ORAL	OR
XENAZINE	OTHER NON-CATEGORIZED	OR
XERMELO	GASTROINTESTINAL	OR
XOLAIR	LUNG DISORDERS	SC
XOSPATA	CANCER-ORAL	OR
XPOVIO	CANCER-ORAL	OR
XTANDI	CANCER-ORAL	OR
XURIDEN	ENDOCRINE	OR
XYNTHA	HEMOPHILIA	IV
XYNTHA SOLOFUSE	HEMOPHILIA	IV
XYREM	SLEEP DISORDERS	OR
XYWAV	SLEEP DISORDERS	OR
YONSA	CANCER-ORAL	OR
YUFLYMA	AUTOIMMUNE	SC
YUSIMRY	AUTOIMMUNE	SC

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## Specialty Drug Management List

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ZARXIO	BLOOD MODIFIERS	IJ
ZAVESCA	ENZYME DEFICIENCIES	OR
ZEJULA	CANCER-ORAL	OR
ZELBORAF	CANCER-ORAL	OR
ZEPATIER	HEPATITIS C	OR
ZEPOSIA	MULTIPLE SCLEROSIS	OR
ZEPOSIA 7-DAY STARTER PACK	MULTIPLE SCLEROSIS	OR
ZIEXTENZO	BLOOD MODIFIERS	SC
ZOKINVY	OTHER NON-CATEGORIZED	OR
ZOLINZA	CANCER-ORAL	OR
ZOMACTON	GROWTH HORMONES	SC
ZORBTIVE	GROWTH HORMONES	SC
ZYDELIG	CANCER-ORAL	OR
ZYKADIA	CANCER-ORAL	OR
ZYTIGA	CANCER-ORAL	OR

### Drugs Covered Under Your Medical Benefit:

Please note: Your plan benefits may have a prior authorization and/or added requirements that may need to be met before a drug can be considered for coverage. Your doctor can find request forms at [bcbsmt.com/provider](http://bcbsmt.com/provider). Your doctor can also call the number on your ID card with any questions about your benefits. To get the most out of your benefits, you should check if the pharmacy or provider used is in-network. You can call the number on your ID card for help.

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
ABECMA	CANCER	IV
ABRAXANE	CANCER	IV
ACTEMRA	AUTOIMMUNE	IV
ADAKVEO	BLOOD MODIFIERS	IV
ADCETRIS	CANCER	IV
ADRIAMYCIN	CANCER	IV
ADSTILADRIN	CANCER	IS
ADUHELM	OTHER NON-CATEGORIZED	IV
ALDURAZYME	ENZYME DEFICIENCIES	IV
ALFERON N	OTHER NON-CATEGORIZED	IJ
ALIMTA	CANCER	IV
ALIQOPA	CANCER	IV
ALKERAN	CANCER	IV
ALYMSYS	CANCER	IV
AMONDYS 45	ENZYME DEFICIENCIES	IV
AMVUTTRA	OTHER NON-CATEGORIZED	SC
ARALAST NP	LUNG DISORDERS	IV
ARANESP ALBUMIN FREE	BLOOD MODIFIERS	IJ
ARRANON	CANCER	IV
ARSENIC TRIOXIDE	CANCER	IV
ASCENIV	IMMUNE GLOBULINS	IV
ASPARLAS	CANCER	IV
AVASTIN	CANCER	IV
AVSOLA	AUTOIMMUNE	IV
AZACITIDINE	CANCER	IJ
BELEODAQ	CANCER	IV
BELRAPZO	CANCER	IV

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Blue Cross BlueShield  
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## Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
BENDAMUSTINE	CANCER	IV
BENDEKA	CANCER	IV
BENLYSTA	AUTOIMMUNE	IV
BEOVU	OPHTHALMIC	IZ
BESPONSA	CANCER	IV
BESREMI	CANCER	SC
BEYFORTUS	LUNG DISORDERS	IM
BICNU	CANCER	IV
BIVIGAM	IMMUNE GLOBULINS	IV
BLNREP	CANCER	IV
BLINCYTO	CANCER	IV
BORTEZOMIB	CANCER	IV
BORTEZOMIB	CANCER	IV
BOTOX	OTHER NON-CATEGORIZED	IJ
BREYANZI	CANCER	IV
BRINEURA	ENZYME DEFICIENCIES	VE
BRIUMVI	MULTIPLE SCLEROSIS	IV
BYOOVIZ	OPHTHALMIC	IZ
CABLVI	BLOOD MODIFIERS	IJ
CAMCEVI	CANCER	SC
CARMUSTINE	CANCER	IV
CARVYKTI	CANCER	IV
CEREZYME	ENZYME DEFICIENCIES	IV
CIMERLI	OPHTHALMIC	IZ
CIMZIA	AUTOIMMUNE	SC
CINQAIR	LUNG DISORDERS	IV
CINRYZE	HEMATOLOGICAL	IV
CLADRIBINE	CANCER	IV
CLOFARABINE	CANCER	IV
CLOLAR	CANCER	IV
COLUMVI	CANCER	IV
COSELA	CANCER	IV
COSENTYX	AUTOIMMUNE	IV
COSMEGEN	CANCER	IV
CRYSVITA	ENDOCRINE	SC
CUTAQUIG	IMMUNE GLOBULINS	SC
CUVITRU	IMMUNE GLOBULINS	SC
CYRAMZA	CANCER	IV
DACOGEN	CANCER	IV
DACTINOMYCIN	CANCER	IV
DANYELZA	CANCER	IV
DARZALEX	CANCER	IV
DARZALEX	CANCER	SC
DAUNORUBICIN	CANCER	IV
DAXXIFY	OTHER NON-CATEGORIZED	IM
DECITABINE	CANCER	IV
DOCETAXEL	CANCER	IV
DOXIL	CANCER	IV
DOXORUBICIN	CANCER	IV
DURYSTA	OPHTHALMIC	IO
DYSPORT	OTHER NON-CATEGORIZED	IM
ELAHERE	CANCER	IV
ELAPRASE	ENZYME DEFICIENCIES	IV
ELELYSO	ENZYME DEFICIENCIES	IV
ELEVIDYS	OTHER NON-CATEGORIZED	IV
ELFABRIO	ENZYME DEFICIENCIES	IV

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## Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
ELIGARD	OTHER NON-CATEGORIZED	SC
ELITEK	CANCER	IV
ELREXFIO	CANCER	SC
EMPLICITI	CANCER	IV
ENHERTU	CANCER	IV
ENJAYMO	HEMATOLOGICAL	IV
ENTYVIO	AUTOIMMUNE	IV
EPKINLY	CANCER	SC
EPOGEN	BLOOD MODIFIERS	IJ
EPOPROSTENOL SODIUM	PULMONARY HYPERTENSION	IV
ERBITUX	CANCER	IV
EUFLEXXA	VISCO SUPPLEMENTS	IX
EVENITY	BONE DENSITY	SC
EVKEEZA	ANTIHYPERTENSIVE	IV
EVOMELA	CANCER	IV
EXONDYS 51	ENZYME DEFICIENCIES	IV
EYLEA	OPHTHALMIC	IZ
FABRAZYME	ENZYME DEFICIENCIES	IV
FASENRA	LUNG DISORDERS	SC
FASLODEX	CANCER	IM
FENSOLVI	ENDOCRINE	SC
FIBRYGA	HEMOPHILIA	IV
FIRMAGON	CANCER	SC
FLEBOGAMMA DIF	IMMUNE GLOBULINS	IV
FLOLAN	PULMONARY HYPERTENSION	IV
FOLOTYN	CANCER	IV
FULPHILA	BLOOD MODIFIERS	SC
FULVESTRANT	CANCER	IM
FYARRO	CANCER	IV
FYLNETRA	BLOOD MODIFIERS	SC
GAMASTAN	IMMUNE GLOBULINS	IM
GAMIFANT	OTHER NON-CATEGORIZED	IV
GAMMAGARD LIQUID	IMMUNE GLOBULINS	IJ
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	IMMUNE GLOBULINS	IV
GAMMAKED	IMMUNE GLOBULINS	IJ
GAMMAPLEX	IMMUNE GLOBULINS	IV
GAMUNEX-C	IMMUNE GLOBULINS	IJ
GAZYVA	CANCER	IV
GEL-ONE	VISCO SUPPLEMENTS	IX
GENVISC 850	VISCO SUPPLEMENTS	IX
GIVLAARI	BLOOD MODIFIERS	SC
GRANIX	BLOOD MODIFIERS	SC
HALAVEN	CANCER	IV
HEMGENIX	HEMOPHILIA	IV
HERCEP HYLEC	CANCER	SC
HERCEPTIN	CANCER	IV
HERZUMA	CANCER	IV
HIZENTRA	IMMUNE GLOBULINS	SC
HYALGAN	VISCO SUPPLEMENTS	IX
HYCANTIN	CANCER	IV
HYDROXYPROGESTERONE CAPROATE	CANCER	IM
HYQVIA	IMMUNE GLOBULINS	SC
IBANDRONATE SODIUM	BONE DENSITY	IV
IDAMYCIN PFS	CANCER	IV
ILARIS	AUTOIMMUNE	SC
ILUMYA	AUTOIMMUNE	SC

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ILUVIEN	OTHER NON-CATEGORIZED	IZ
IMFINZI	CANCER	IV
IMJUDO	CANCER	IV
INFLECTRA	AUTOIMMUNE	IV
INFLIXIMAB	AUTOIMMUNE	IV
ISTODAX OVR	CANCER	IV
IXEMPRA KIT	CANCER	IV
IZERVAY	OPHTHALMIC	IZ
JELMYTO	CANCER	UL
JEMPERLI	CANCER	IV
JEVTANA	CANCER	IV
KADCYLA	CANCER	IV
KALBITOR	HEMATOLOGICAL	SC
KANJINTI	CANCER	IV
KANUMA	ENZYME DEFICIENCIES	IV
KEYTRUDA	CANCER	IV
KHAPZORY	CANCER	IV
KIMMTRAK	CANCER	IV
KRYSTEXXA	OTHER NON-CATEGORIZED	IV
KYMRIAH	CANCER	IV
KYPROLIS	CANCER	IV
LAMZEDE	ENZYME DEFICIENCIES	IV
LANREOTIDE	ENDOCRINE	SC
LEMTRADA	MULTIPLE SCLEROSIS	IV
LEQEMBI	OTHER NON-CATEGORIZED	IV
LEUKINE	BLOOD MODIFIERS	IJ
LUCENTIS	OPHTHALMIC	IZ
LUMIZYME	ENZYME DEFICIENCIES	IV
LUNSUMIO	CANCER	IV
LUPRON DEPOT	CANCER	IM
LUPRON DEPOT-PED	ENDOCRINE	IM
LUXTURNA	OPHTHALMIC	IO
MARGENZA	CANCER	IV
MARQIBO	CANCER	IV
MELPHALAN	CANCER	IV
MEPSEVII	ENZYME DEFICIENCIES	IV
MITOMYCIN	CANCER	IV
MITOMYCIN	CANCER	IS
MONJUVI	CANCER	IV
MOZOBIL	BLOOD MODIFIERS	SC
MVASI	CANCER	IV
MYOBLOC	OTHER NON-CATEGORIZED	IM
NAGLAZYME	ENZYME DEFICIENCIES	IV
NELARABINE	CANCER	IV
NEULASTA	BLOOD MODIFIERS	SC
NEUPOGEN	BLOOD MODIFIERS	IJ
NEXVIAZYME	ENZYME DEFICIENCIES	IV
NIPENT	CANCER	IV
NIVESTYM	BLOOD MODIFIERS	IJ
NPLATE	BLOOD MODIFIERS	SC
NUCALA	LUNG DISORDERS	SC
NULIBRY	ENZYME DEFICIENCIES	IV
NULOJIX	IMMUNOSUPPRESSANTS	IV
NYVEPRIA	BLOOD MODIFIERS	SC
OCREVUS	MULTIPLE SCLEROSIS	IV
OCTAGAM	IMMUNE GLOBULINS	IV

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## Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
OGIVRI	CANCER	IV
OMISIRGE	CANCER	IV
OMVOH	AUTOIMMUNE	IV
ONCASPAR	CANCER	IJ
ONIVYDE	CANCER	IV
ONPATTRO	OTHER NON-CATEGORIZED	IV
ONTRUZANT	CANCER	IV
OPDIVO	CANCER	IV
OPDUALAG	CANCER	IV
OPFOLDA	ENZYME DEFICIENCIES	OR
ORENCIA	AUTOIMMUNE	IV
OXLUMO	OTHER NON-CATEGORIZED	SC
PACLITAXEL	CANCER	IV
PADCEV	CANCER	IV
PANZYGA	IMMUNE GLOBULINS	IV
PEDMARK	CANCER	IV
PEMETREXED	CANCER	IV
PEMFEXY	CANCER	IV
PHESGO	CANCER	SC
PHOTOFRIN	CANCER	IV
PLERIXAFOR	BLOOD MODIFIERS	SC
POLIVY	CANCER	IV
POMBILITI	ENZYME DEFICIENCIES	IV
PORTRAZZA	CANCER	IV
PRALATREXATE	CANCER	IV
PRIVIGEN	IMMUNE GLOBULINS	IV
PROCRIT	BLOOD MODIFIERS	IJ
PROLASTIN-C	LUNG DISORDERS	IV
PROLEUKIN	CANCER	IV
PROLIA	BONE DENSITY	SC
PROVENGE	CANCER	IV
QALSODY	OTHER NON-CATEGORIZED	IT
RADICAVA	OTHER NON-CATEGORIZED	IV
REBLOZYL	BLOOD MODIFIERS	SC
REBYOTA	GASTROINTESTINAL	RE
RECLAST	BONE DENSITY	IV
RELEUKO	BLOOD MODIFIERS	SC
RELEUKO	BLOOD MODIFIERS	IJ
REMICADE	AUTOIMMUNE	IV
REMODULIN	PULMONARY HYPERTENSION	IJ
RENFLXIS	AUTOIMMUNE	IV
RETACRIT	BLOOD MODIFIERS	IJ
REVATIO	PULMONARY HYPERTENSION	IV
RIABNI	CANCER	IV
RIASTAP	HEMOPHILIA	IV
RITUXAN	CANCER	IV
RITUXAN HYCELA	CANCER	SC
ROCTAVIAN	HEMOPHILIA	IV
ROLVEDON	BLOOD MODIFIERS	SC
ROMIDEPSIN	CANCER	IV
RUXIENCE	CANCER	IV
RYBREVANT	CANCER	IV
RYLAZE	CANCER	IM
RYPLAZIM	HEMATOLOGICAL	IV
RYSTIGGO	OTHER NON-CATEGORIZED	SC
SANDOSTATIN LAR DEPOT	ENDOCRINE	IM

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This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Montana and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Montana contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Montana, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

# Blue Cross and Blue Shield of Montana



Blue Cross Blue Shield  
of Montana

## Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
SAPHNELO	AUTOIMMUNE	IV
SCENESSE	OTHER NON-CATEGORIZED	SC
SILDENAFIL	PULMONARY HYPERTENSION	IV
SIMPONI ARIA	AUTOIMMUNE	IV
SKYRIZI	AUTOIMMUNE	IV
SKYSONA	OTHER NON-CATEGORIZED	IV
SOLIRIS	HEMATOLOGICAL	IV
SOMATULINE DEPOT	ENDOCRINE	SC
SPEVIGO	AUTOIMMUNE	IV
SPINRAZA	OTHER NON-CATEGORIZED	IT
SPRAVATO	OTHER NON-CATEGORIZED	NA
STELARA	AUTOIMMUNE	IV
STIMUFEND	BLOOD MODIFIERS	SC
SUPARTZ FX	VISCO SUPPLEMENTS	IX
SUPPRELIN LA	ENDOCRINE	SC
SUSVIMO	OPHTHALMIC	IZ
SYFOVRE	OPHTHALMIC	IZ
SYLVANT	CANCER	IV
SYNAGIS	LUNG DISORDERS	IM
SYNVISC	VISCO SUPPLEMENTS	IX
SYNVISC ONE	VISCO SUPPLEMENTS	IX
TALVEY	CANCER	SC
TECARTUS	CANCER	IV
TECENTRIQ	CANCER	IV
TECVAYLI	CANCER	SC
TEMSIROLIMUS	CANCER	IV
TEPADINA	CANCER	IJ
TEPEZZA	ENDOCRINE	IV
TEZSPIRE	LUNG DISORDERS	SC
THIOTEPA	CANCER	IJ
THROMBATE III	OTHER NON-CATEGORIZED	IV
THYROGEN	OTHER NON-CATEGORIZED	IM
TICE BCG	CANCER	IS
TIVDAK	CANCER	IV
TOPOTECAN	CANCER	IV
TORISEL	CANCER	IV
TRAZIMERA	CANCER	IV
TREANDA	CANCER	IV
TRELSTAR MIXJECT	CANCER	IM
TREPROSTINIL	PULMONARY HYPERTENSION	IJ
TRISENOX	CANCER	IV
TRIVISC	VISCO SUPPLEMENTS	IX
TRODELVY	CANCER	IV
TRUXIMA	CANCER	IV
TYSABRI	MULTIPLE SCLEROSIS	IV
TZIELD	DIABETES	IV
UDENYCA	BLOOD MODIFIERS	SC
ULTOMIRIS	HEMATOLOGICAL	IV
UNITUXIN	CANCER	IV
UPLIZNA	OTHER NON-CATEGORIZED	IV
UPTRAVI	PULMONARY HYPERTENSION	IV
VABYSMO	OPHTHALMIC	IZ
VALRUBICIN	CANCER	IS
VALSTAR	CANCER	IS
VECTIBIX	CANCER	IV
VEGZELMA	CANCER	IV

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# Blue Cross and Blue Shield of Montana



BlueCross BlueShield  
of Montana

## Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
VELCADE	CANCER	IJ
VELETRI	PULMONARY HYPERTENSION	IV
VEOPOZ	OTHER NON-CATEGORIZED	IJ
VIDAZA	CANCER	IJ
VILTEPSO	ENZYME DEFICIENCIES	IV
VIMIZIM	ENZYME DEFICIENCIES	IV
VISCO-3	VISCO SUPPLEMENTS	IX
VISUDYNE	OPHTHALMIC	IV
VIVIMUSTA	CANCER	IV
VPRIV	ENZYME DEFICIENCIES	IV
VYJUVEK	DERMATOLOGICS	EX
VYONDYS 53	ENZYME DEFICIENCIES	IV
VYVGART	OTHER NON-CATEGORIZED	IV
VYXEOS	CANCER	IV
XEMBIFY	IMMUNE GLOBULINS	SC
XENPOZYME	ENZYME DEFICIENCIES	IV
XEOMIN	OTHER NON-CATEGORIZED	IM
XGEVA	BONE DENSITY	SC
XIAFLEX	OTHER NON-CATEGORIZED	IJ
XOLAIR	LUNG DISORDERS	SC
YERVOY	CANCER	IV
YESCARTA	CANCER	IV
YONDELIS	CANCER	IV
ZALTRAP	CANCER	IV
ZANOSAR	CANCER	IV
ZARXIO	BLOOD MODIFIERS	IJ
ZEMAIRA	LUNG DISORDERS	IV
ZEPZELCA	CANCER	IV
ZIEXTENZO	BLOOD MODIFIERS	SC
ZIRABEV	CANCER	IV
ZOLADEX	CANCER	SC
ZOLEDRONIC ACID	BONE DENSITY	IV
ZOLGENSMA	OTHER NON-CATEGORIZED	IV
ZYNLONTA	CANCER	IV
ZYNTEGLO	BLOOD MODIFIERS	IV
ZYNYZ	CANCER	IV

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If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم نوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujara ti	જો તમને અથવા તમને મદદ કરી રાહોય એવી કોઈ બીજી ચિકિત્સાને એસ.બી.એમ. કાર્યક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક છે. દર્મશિષ્યા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे ह उसके, प्रश्न ह, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल कर लें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'11 ni, 47 doodago [a'da b7k1 an1n7lwo'7g77, na'7d7[kidgo, ts'7d1 bee n1 ah00ti'i' t'11 n77k'e n7k1 a'doolwo[ d00 b7na'7d7[kid7g77 bee ni[ h odoonih. Ata'dahalne'7g77 bich'8' hod77lnih kwe'4 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالاتی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.



**Health care coverage is important for everyone.**

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St.  
35th Floor  
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960  
Email: [CivilRightsCoordinator@hcsc.net](mailto:CivilRightsCoordinator@hcsc.net)

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>