



## AllianceRx Walgreens Prime Specialty Pharmacy Drug Management List

### Reminder About Coverage for Self-Administered Specialty Medications

Specialty medications are generally prescribed to treat serious or chronic conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. These medications may be taken by mouth, injection or infusion and have special handling or storage requirements. Specialty medications that require professional services for administration are usually covered under your *medical* benefit plan. Coverage for *self-administered* specialty medications is provided through your *pharmacy* benefit plan. Your doctor should write or call in a prescription for self-administered specialty medications for receipt from a specialty pharmacy provider. Below is a current list of specialty medications. Medications with an (M) placed after their names may be eligible for coverage under the medical benefit plan. The rest of the medications are FDA-approved for self-administration and are covered under the pharmacy benefit plan, in most cases. Please note: Before these drugs can be covered, additional review and authorization may be required. Members should call the number on the back of their ID card to check benefits.

### Antihyperlipidemic

PRALUENT  
REPATHA

### Autoimmune

ACTEMRA (M)  
ACTEMRA PREFILLED SYRINGE  
ARCALYST\*  
BENLYSTA (M)  
BENLYSTA SC  
CIMZIA RECONSTITUTION(M)  
CIMZIA PREFILLED SYRINGE  
COSENTYX  
DUPIXENT  
ENBREL  
ENTYVIO (M)  
HUMIRA  
ILARIS\*(M)  
INFLECTRA (M)  
KINERET\*  
KEVZARA  
ORENCIA IV (M)  
ORENCIA SC  
OTEZLA  
REMICADE (M)  
RENFLEXIS (M)  
SILIQ  
SIMPONI  
SIMPONI ARIA (M)  
STELARA  
TALTZ  
TREMIFYA  
XELJANZ

### Blood Modifiers

ARANESP  
COAGADEX\*  
EPOGEN  
GRANIX  
LEUKINE  
MOZOBIL(M)  
NEULASTA  
NEUMEGA  
NEUPOGEN  
NPLATE (M)  
PROCRIT  
PROMACTA  
ZARXIO

### Cancer – Injectable

BLINCYTO \*(M)  
ELIGARD (M)  
FIRMAGON (M)  
HYDROXYPROGESTERON  
E CAPROATE (M)  
KEYTRUDA (M)  
OPDIVO (M)  
RITUXAN-HYCELA (M)  
SYLATRON  
TRELSTAR DEPOT/ LA  
(M)  
TECENTRIQ\* (M)  
YERVOY (M)

### Cancer - Oral

AFINITOR / DISPERZ  
ALECENSA\*  
ALKERAN  
ALUNBRIG\*  
bexarotene  
BOSULIF  
CABOMETYX  
CALQUENCE\*  
capecitabine  
CAPRELSA\*  
CASODEX  
COMETRIQ\*  
COTELLIC  
EMCYT  
ERIVEDGE\*  
etoposide  
FARESTON  
FARYDAK  
GILOTRIF\*  
GLEEVEC  
GLEOSTINE  
HEXALEN  
HYCAMTIN  
IBRANCE  
ICLUSIG\*  
IDHIFA  
imatinib mesylate  
IMBRUVICA\*  
INLYTA  
IRESSA\*  
JAKAFI  
KISQALI  
KISQALI FEMARA  
LENVIMA\*

### LEUKERAN

lomustine  
LONSURF\*  
LYNPARZA\*  
LYSODREN  
MATULANE\*  
MEKINIST  
MYLERAN  
NERLYNX\*  
NEXAVAR  
NILANDRON  
nilutamide  
NINLARO\*  
ODOMZO  
POMALYST  
PURIXAN\*  
REVLIMID  
RUBRACA\*  
RYDAPT  
SPRYCEL  
STIVARGA  
SUTENT  
TABLOID  
TAFINLAR  
TAGRISSO\*  
TARCEVA  
TARGRETIIN  
TASIGNA  
TEMODAR  
temozolomide  
THALOMID  
tretinoin  
TYKERB  
VENCLEXTA\*  
VERZENIO\*  
VOTRIENT  
XALKORI  
XELODA  
XTANDI  
ZEJULA\*  
ZELBORAF  
ZOLINZA  
ZYDELIG\*  
ZYKADIA\*  
ZYTIGA

### Cystic Fibrosis

BETHKIS  
CAYSTON\*  
KALYDECO  
KITABIS PAK

ORKAMBI  
PULMOZYME  
TOBI  
tobramycin

### Enzyme

#### Deficiencies

ALDURAZYME (M)  
BUPHENYL  
CARBAGLU\*  
CERDELGA  
CEREZYME (M)  
ELAPRASE (M)  
ELELYSO\*(M)  
FABRAZYME (M)  
KANUMA\*(M)  
KUVAN  
LUMIZYME (M)  
NAGLAZYME\*(M)  
NITYR\*  
ORFADIN\*  
RAVICTI\*  
sodium phenylbutyrate  
STRENSIQ\*  
SUCRAID\*  
VIMIZIM \*(M)  
VPRIV (M)  
ZAVESCA\*

### Fertility&Pregnancy

BRAVELLE  
CETROTIDE  
chorionic gonadotropin  
FOLLISTIM AQ  
GANIRELIX ACETATE  
GONAL-F/ RFF  
MAKENA (M)  
MENOPUR  
NOVAREL  
OVIDREL  
PREGNYL  
REPRONEX

### Growth Hormones

GENOTROPIN  
HUMATROPE  
INCRELEX\*  
NORDITROPIN  
NUTROPIN/ AQ  
OMNITROPE

SAIZEN  
SEROSTIM\*  
TEV-TROPIN  
ZOMACTON  
ZORBIVTE

### Hemophilia ♦♦♦

ADVATE  
ADYNOVATE  
AFSTYLA  
ALPHANATE  
ALPHANINE SD  
ALPROLIX  
BEBULIN/ VH  
BENEFIX  
CORIFACT\*  
ELOCTATE  
FEIBA NF/ VH  
HELIXATE FS

(Continued on Page 2)

### Key

\* Limited distribution

Products flagged as limited distribution are not available through AllianceRx Walgreens Prime

(M) Medical benefit  
♦ Standard benefits typically exclude coverage for fertility & pregnancy drugs. Check your benefit booklet for coverage and exclusions.  
♦♦ Provided through Pharmacy Solutions 800.859.0220  
♦♦♦ Preferred Hemophilia Network includes Accredo 866.712.5007 and AllianceRx Walgreens Prime 877.627.6337

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**

Drug list is updated monthly. Not all listed drugs may be covered under all benefit plan designs. Please refer to your benefit booklet for detailed coverage information.

Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and mail service company. 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.

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

# Blue Cross and Blue Shield of Montana



Blue Cross BlueShield  
of Montana

## AllianceRx Walgreens Prime Specialty Pharmacy Drug Management List

HEMLIBRA  
**HEMofil M**  
**HUMATE-P**  
**IDELVION**  
**IXINITY**  
**KOATE-DVI**  
**KOGENATE FS**  
**KOVALTRY**  
**MONOCLATE-P**  
**MONONINE**  
**NOVOEIGHT**  
**NOVOSEVEN/ RT**  
**NUWIQ**  
**OBIZUR**  
**PROFILNINE SD**  
REBINYN  
**RECOMBINATE**  
**RIXUBIS**  
**TRETTEEN\***  
**VONVENDI\***  
**WILATE**  
**XYNTHA**

### Hepatitis C

COPEGUS  
DAKLINZA  
**EPCLUSA**  
**HARVONI**  
INCIVEK  
**INTRON-A**  
MAVYRET  
MODERIBA  
**OLYSIO**  
**PEGASYS**  
PEG-INTRON  
REBETOL  
RIBAPAK  
RIBASPHERE  
RIBATAB  
**ribavirin**  
**SOVALDI**  
TECHNIVIE  
VICTRELIS  
VIEKIRA  
VOSEVI  
ZEPATIER

### HIV

EGRIFTA  
**FUZEON**

### Immune Globulins

BIVIGAM (M)  
CUVITRU\* (M)  
FLEBOGAMMA (M)  
GAMMAGARD (M)  
GAMMAGARD S/D (M)

GAMMAKED (M)  
GAMMAPLEX (M)  
GAMUNEX-C (M)  
HIZENTRA (M)  
HYQVIA (M)  
OCTAGAM (M)  
PRIVIGEN (M)

### Lung Disorders

ACTIMMUNE\*  
ARALAST/ NP (M)  
CINQAIR\* (M)  
ESBRIET  
FASENRA (M)  
GLASSIA  
NUCALA (M)  
OFEV\*  
PROLASTIN/ C\* (M)  
SYNAGIS (M)  
XOLAIR (M)  
ZEMAIRA\*(M)

### Macular

#### Degeneration

EYLEA\* (M)  
LUCENTIS\* (M)  
MACUGEN\* (M)  
VISUDYNE\* (M)

### Multiple Sclerosis

AMPYRA  
AUBAGIO  
AVONEX  
**BETASERON**  
**COPAXONE**  
EXTAVIA  
GILENYA  
glatopa  
LEMTRADA (M)  
OCREVUS  
**PLEGRIDY**  
**REBIF**  
**TECFIDERA**  
TYSABRI (M)  
ZINBRYTA

### Pulmonary

#### Hypertension

**ADCIRCA**  
ADEMPAS\*  
epoprostenol sodium\* (M)  
FLOLAN\* (M)  
**LETAIRIS**  
**OPSUMIT**  
ORENITRAM\*  
REMODULIN\* (M)

REVATIO  
**sildenafil citrate**  
**TRACLEER\***  
TYVASO\*  
UPTRAVI\*  
VELETRI\* (M)  
VENTAVIS\*

### Others

ALFERON N (M)  
APOKYN\*  
AUSTEDO\*  
BERINERT  
BONIVA IV (M)  
**CHENODAL\***  
CHOLBAM\*  
CINRYZE\* (M)  
**CUPRIMINE**  
**CYSTAGON\***  
CYSTARAN\*  
DEPEN TITRATABS  
ENDARI\*  
EMFLAZA\*  
EXJADE  
EXONDYS 51\*(M)  
FERRIPROX\*  
**FIRAZYR**  
**FORTEO**  
GATTEX\*  
GOCOVRI  
HAEGARDA  
HETLIOZ  
H.P. ACTHAR GEL\*  
INGREZZA\*  
IPRIVASK  
JADENU  
JETREA\* (M)  
JUXTAPID\*  
KALBITOR\* (M)  
KORLYM\*  
KRYSTEXXA\* (M)  
KYMRIAH\* (M)  
KYNAMRO\*  
**leuprolide acetate**  
LUPANETA KIT (M)  
LUPRON  
DEPOT/PED(M)♦♦  
MYALEPT\*  
NATPARA  
OCALIVA  
**octreotide acetate**  
PROCYSBI\*  
PROLIA (M)  
RADICAVA\* (M)  
RECLAST (M)  
RUCONEST  
SABRIL

SAMSCA  
SANDOSTATIN  
SANDOSTATIN LAR  
(M)  
SIGNIFOR\*  
SOLIRIS (M)  
SOMATULINE  
DEPOT (M)  
SOMAVERT\*  
SPINRAZA\*(M)  
SYPRINE  
THROMBATE III (M)  
TYMLOS  
VALCHLOR\*  
VISTOGARD\*  
VIVITROL (M)  
XENAZINE  
XERMELO\*  
XGEVA (M)  
XIAFLEX\* (M)  
XURIDEN\*  
XYREM\*  
zoledronic acid (M)  
ZOMETA (M)

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  - 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

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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>.

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-774-8592 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-774-8592 (TTY: 711).

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PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-774-8592 (TTY: 711).

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MERK: Hvis du snakker norsk, er gratis språkassistentjenester tilgjengelige for deg. Ring 1-877-774-8592 (TTY: 711).

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