



AllianceRx Walgreens Prime Specialty Pharmacy Drug Management List

Reminder About Coverage for Self-Administered Specialty Medications

Specialty medications are generally prescribed to treat complex and/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 to a specialty pharmacy provider for self-administered specialty medications, if required by your benefit plan. Below is a current list of specialty medications. Not all listed drugs may be covered under all benefit plan designs. 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 may be covered under the pharmacy benefit plan. Please note: Before these drugs can be covered, additional review and authorization may be required. Some plans may not cover these prescriptions if not filled at an in-network specialty pharmacy provider. If you have any questions about your benefits, call the number on the back of your ID card.

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
OLUMIANT
ORENCIA IV (M)
ORENCIA SC
OTEZLA
REMICADE (M)
RENFLEXIS (M)
SILIQ
SIMPONI
SIMPONI ARIA (M)
STELARA
TALTZ
TREMIFYA
XELJANZ

Blood Modifiers

ARANESP
COAGADEX*
DOPTELET
EPOGEN
FULPHILA
GRANIX
LEUKINE
MOZOBIL(M)
MULPLETA
NEULASTA
NEUMEGA
NEUPOGEN
NPLATE (M)
PROCRIT

PROMACTA
RETACRIT
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
BRAFTOVI*
CABOMETYX
CALQUENCE*
capecitabine
CAPRELSA*
CASODEX
COMETRIQ*
COTELLIC
EMCYT
ERIVEDGE*
ERLEADA
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
MEKTOVI*
MYLERAN
NERLYNX*
NEXAVAR
NILANDRON
nilutamide
NINLARO*
ODOMZO
POMALYST
PURIXAN*
REVLIMID
RUBRACA*
RYDAPT
SPRYCEL
STIVARGA
SUTENT
TABLOID
TAFINLAR
TAGRISSO*
TARCEVA
TARGRETIN
TASIGNA
TEMODAR
temozolomide
THALOMID
TIBSOVO*
tretinoin
TYKERB
VENCLEXTA*
VERZENIO*
VOTRIENT
XALKORI
XELODA
XTANDI
YONSA
ZEJULA*
ZELBORAF
ZOLINZA

ZYDELIG*
ZYKADIA*
ZYTIGA

Cystic Fibrosis

BETHKIS
KALYDECO
KITABIS PAK
ORKAMBI
PULMOZYME
SYMDEKO
TOBI
tobramycin

Enzyme

Deficiencies

ALDURAZYME (M)
BUPHENYL
CARBAGLU*
CERDELGA
CEREZYME (M)
ELAPRASE (M)
ELELYSO*(M)
FABRAZYME (M)
GALAFOLD
KANUMA*(M)
KUVAN
LUMIZYME (M)
miglustat
NAGLAZYME* (M)
NITYR*
ORFADIN*
PALYNZIQ*
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
ZORBTIVE

(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

Brand-name products are capitalized (e.g. FLOLAN)

Generic products are in lowercase (e.g. epoprostenol sodium)

Drug list is updated regularly.

Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and home delivery 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.

4220 MT © Prime Therapeutics LLC 10/1/18



AllianceRx Walgreens Prime Specialty Pharmacy Drug Management List

Hemophilia ♦♦♦

ADVATE
ADYNOVATE
AFSTYLA
ALPHANATE
ALPHANINE SD
ALPROLIX
BEBULIN/ VH
BENEFIX
CORIFACT*
ELOCTATE
FEIBA NF/ VH
HELIXATE FS
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
TRETEN*
VONVENDI*
WILATE
XYNTHA

Hepatitis C

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

VOSEVI
ZEPATIER

HIV

EGRIFTA

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
glatiramer acetate
glatopa
LEMTRADA (M)
OCREVUS (M)
PLEGRIDY
REBIF
TECFIDERA

TYSABRI (M)
ZINBRYTA

Pulmonary

Hypertension

ADCIRCA
ADEMPAS*
epoprostenol sodium* (M)
FLOLAN* (M)
LETAIRIS
OPSUMIT
ORENITRAM*
REMODULIN* (M)
REVATIO
sildenafil citrate
tadalafil
TRACLEER*
TYVASO*
UPTRAVI*
VELETRI* (M)
VENTAVIS*

Others

ALFERON N (M)
APOKYN*
AUSTEDO
BERINERT
BONIVA IV (M)
CAYSTON*
CHENODAL*
CHOLBAM*
CINRYZE* (M)
CUPRIMINE
CYSTAGON*
CYSTARAN*
DEPEN TITRATABS
ENDARI*
EMFLAZA*
EXJADE
EXONDYS 51* (M)
FERRIPROX*
FIRAZYR
FORTEO
GATTEX*
GOCOVRI
HAEGARDA
H.P. ACTHAR GEL*
INGREZZA*
IPRIVASK
JADENU
JETREA* (M)
JUXTAPID*
KALBITOR* (M)
KORLYM*
KRYSTEXXA* (M)
KYMIRAH* (M)

KYNAMRO*
leuprolide acetate
LUPANETA KIT (M)
LUPRON
DEPOT/PED(M)♦♦
MYALEPT*
NATPARA
OCALIVA
octreotide acetate
ONPATTRO* (M)
PROCYSBI*
PROLIA (M)
RADICAVA* (M)
RECLAST (M)
RUCONEST*
SABRIL
SAMSCA
SANDOSTATIN
SANDOSTATIN LAR (M)
SIGNIFOR*
SOLIRIS (M)
SOMATULINE
DEPOT (M)
SOMAVERT*
SPINRAZA* (M)
SYPRINE
tetrabenazine
THROMBATE III (M)
TYMLOS
VALCHLOR*
vigabatrin
VISTOGARD*
VIVITROL (M)
XENAZINE
XERMELO*
XGEVA (M)
XIAFLEX* (M)
XURIDEN*
XYREM*
zoledronic acid (M)
ZOMETA (M)

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

Brand-name products are capitalized (e.g. FLOLAN)

Generic products are in lowercase (e.g. epoprostenol sodium)

Drug list is updated regularly.

Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and home delivery 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.

4220 MT © Prime Therapeutics LLC 10/1/18



**BlueCross BlueShield
of Montana**

Blue Cross and Blue Shield of Montana 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 Montana does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Montana:

- 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 Civil Rights Coordinator

If you believe that Blue Cross and Blue Shield of Montana 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: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator 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>.

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

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).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-774-8592 (TTY: 711).

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 1-877-774-8592 (TTY: 711)。

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。 1-877-774-8592 (TTY: 711) まで、お電話にてご連絡ください。

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).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-774-8592 (ATS: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-774-8592 (телетайп: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. <1-877-774-8592> (TTY: 711) 번으로 전화해 주십시오.

لحوظ: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل رقم 1-877-774-8592 (رقم هاتف الصم والبكم: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-774-8592 (TTY: 711).

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

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-774-8592 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-774-8592 (телетайп: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprouch. Ruf selli Nummer uff: Call 1-877-774-8592 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-774-8592 (TTY: 711).