

## Blue Cross Blue Shield of North Dakota Restricted Use List – Prior Approval

**Restricted Use Drug -A Prescription Medication or Drug that may require Prior Approval and/or be subject to a limited dispensing amount.**

Key Definitions		
F	Formulary Drug	A Brand Name or Generic Prescription Drug that has been determined to be safe, therapeutically effective, high quality, and cost-effective as determined by a committee of Physicians and Pharmacists based on current data.
NF	Non-Formulary Drug	A Prescription Medication or Drug that is not a Formulary Drug

The following List of Drugs represents the drugs requiring Prior Approval (PA)	
•	Specific criteria must be met before medication is covered under the pharmacy benefit. If a prior approval is granted, the drug will be allowed at the Formulary benefit level.
•	Both brand name drugs and generic equivalents require Prior Approval.
•	Please see separate documents for drugs requiring Prior Approval, due to a Utilization Management Quantity Limit or a Step Therapy edit.

CATEGORY	BRAND DRUG NAME	GENERIC DRUG NAME
<b>ACNE &amp; SKIN: Prior approval (PA) required for age &gt;40</b>	ADAPALENE	ADAPALENE
	EPIDUO	ADAPALENE-BENZOYL PEROXIDE
	FABIOR	TAZAROTENE
	TAZORAC	TAZAROTENE
	TRETINOIN	TRETINOIN
	VELTIN	CLINDAMYCIN-TRETINOIN
	ZIANA	CLINDAMYCIN-TRETINOIN
<b>ANTIFUNGALS</b>	NOXAFIL	POSACONAZOLE
	VFEND	VORICONAZOLE
<b>AUTOIMMUNE INFLAMMATORY DISORDERS</b>	ACTEMRA	TOCILIZUMAB
	ARCALYST	RILONACEPT
	CIMZIA	CERTOLIZUMAB
	COSENTYX	SECUKINUMAB
	ENBREL	ETANERCEPT
	ENTYVIO	VEDOLIZUMAB
	HUMIRA	ADALIMUMAB
	ILARIS	CANAKINUMAB
	INFLECTRA	INFLIXIMAB-DYYB
	KEVZARA	SALIRUMAB
	KINERET	ANAKINRA
	ORENCIA	ABATACEPT
	OTEZLA	APREMILAST
	REMICADE	INFLIXIMAB
	RENFLEXIS	INFLIXIMAB-ABDA
	RITUXAN	RITUXIMAB
	SILIQ	BRODALUMAB
	SIMPONI/SIMPONI ARIA	GOLIMUMAB
	STELARA	USTEKINUMAB
	TALTZ	IXEKIZUMAB
TREMFYA	GUSELKUMAB	
XELJANZ, XELJANZ XR	TOFACITINIB	
<b>CANCER—</b>	ALECENSA	ALECTINIB

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<b>CATEGORY</b>	<b>BRAND DRUG NAME</b>	<b>GENERIC DRUG NAME</b>
<b>ORALLY ADMINISTERED</b>	AFINITOR/AFINITOR DISPERZ	EVEROLIMUS
	ALUNBRIG	BRIGATINIB
	BOSULIF	BOSUTINIB
	CAPRELSA	VANDETANIB
	CABOMETYX	CABOZANTINIB
	COMETRIQ	CABOZANTINIB S-MAL
	COTELLIC	COBIMETINIB
	ERIVEDGE	VISMODEGIB
	FARYDAK	PANOBINOSTAT LACTATE
	GILOTRIF	AFATINIB DIMALEATE
	GLEEVEC	IMATINIB MESYLATE
	HYCAMTIN	TOPOTECAN
	IBRANCE	PALBOCICLIB
	ICLUSIG	PONATINIB
	IDHIFA	ENASIDENIB
	IMBRUVICA	IBRUTINIB
	INLYTA	AXITINIB
	IRESSA	GEFITINIB
	JAKAFI	RUXOLITINIB
	KISQALI	RIBOCICLIB
	KISQALI/FEMARA DOSE PAK	RIBOCICLIB/LETROZOLE
	LENVIMA	LENVATINIB MESYLATE
	LONSURF	TRIFLURIDINE-TIPIRACIL
	LYNPARZA	OLAPARIB
	MEKINIST	TRAMETINIB
	NERLYNX	NERATINIB
	NEXAVAR	SORAFENIB
	NINLARO	IXAZOMIB
	ODOMZO	SONIDEGIB
	POMALYST	POMALIDOMIDE
	REVLIMID	LENALIDOMIDE
	RUBRACA	RUCAPARIB
	RYDAPT	MIDOSTAURIN
	SPRYCEL	DASATINIB
	STIVARGA	REGORAFENIB
	SUTENT	SUNITINIB
	TAFINLAR	DABRAFENIB
	TAGRISSO	OSIMERTINIB
	TARCEVA	ERLOTINIB
	TARGRETIN	BEXAROTENE
	TASIGNA	NILOTINIB
	TEMODAR	TEMOZOLOMIDE
THALOMID	THALIDOMIDE	
TYKERB	LAPATINIB	
VENCLEXTA	VENETOCLAX	
VOTRIENT	PAZOPANIB	
XALKORI	CRIZOTINIB	
XELODA	CAPECITABINE	
XERMELO	TELOTTRISTAT	

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<b>CATEGORY</b>	<b>BRAND DRUG NAME</b>	<b>GENERIC DRUG NAME</b>
	XTANDI	ENZALUTAMIDE
	ZEJULA	NIRAPARIB
	ZELBORAF	VEMURAFENIB
	ZOLINZA	VORINOSTAT
	ZYDELIG	IDELALISIB
	ZYKADIA	CERITINIB
	ZYTIGA	ABIRATERONE
<b>CANCER—INJECTABLE</b>	AVASTIN	BEVACIZUMAB
	KADCYLA	ADO-TRASTUZUMAB EMTANSINE
	HERCEPTIN	TRASTUZUMAB
	KYPROLIS	CARFILZOMIB
	PERJETA	PERTUZUMAB
	RITUXAN	RITUXIMAB
	SYNRIBO	OMACETAXINE
<b>CYSTIC FIBROSIS</b>	CAYSTON	AZTREONAM
	KALYDECO	IVACAFTOR
	ORKAMBI	LUMACAFTOR-IVACAFTOR
<b>ENZYME DEFICIENCIES</b>	CARBAGLU	CARGLUMIC ACID
	ELELYSO	TALIGLUCERASE ALFA
	KUVAN	SAPROPTERIN
	LUMIZYME	ALGLUCOSIDASE ALFA
	STRENSIQ	ASFOTASE ALFA
	VIMIZIM	ELOSULFASE ALFA
	VPRIV	VELAGLUCERASE ALFA
	ZAVESCA	MIGLUSTAT
<b>GROWTH HORMONES</b>	GENOTROPIN, HUMATROPE, NORDITROPIN, NUTROPIN/NUTROPIN AQ, OMNITROPE, SAIZEN, SEROSTIM, TEV- TROPIN, ZOMACTON, ZORBTIVE	SOMATROPIN
<b>HEPATITIS C</b>	OLYSIO	SIMEPRIVIR
	HARVONI	LEDIPASVIR-SOFOSBUVIR
	SOVALDI	SOFOSBUVIR
	EPCLUSA	SOFOSBUVIR-VELPATASVIR
	MAVYRET	GLECAPREVIR-PIBRENTASVIR
	VOSEVI	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR
	ZEPATIER	ELBASVIR-GRAZOPREVIR
<b>HEREDITARY ANGIOEDEMA (HAE)</b>	BERINERT	C1 ESTERASE INHIBITOR (HUMAN)
	CINRYZE	C1 ESTERASE INHIBITOR (HUMAN)
	FIRAZYR	ICATIBANT ACETATE
	HAEGARDA	C1 ESTERASE INHIBITOR
	KALBITOR	ECALLANTIDE
	RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT)
<b>IDIOPATHIC IMMUNE THROM-BOCYTOPENIC PURPURA (ITP)</b>	NPLATE	ROMIPLOSTIM
	PROMACTA	ELTROMBOPAG
<b>INSULIN</b>	AFREZZA	INSULIN, INHALED
	APIDRA	INSULIN GLULISINE
	HUMALOG 50/50	INSULIN LISPRO
	HUMALOG 75/25	INSULIN LISPRO
	HUMALOG	INSULIN LISPRO

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<b>CATEGORY</b>	<b>BRAND DRUG NAME</b>	<b>GENERIC DRUG NAME</b>
	HUMULIN 70/30	REGULAR INSULIN; ISOPHANE INSULIN (NPH)
	HUMULIN N	ISOPHANE INSULIN (NPH)
	HUMULIN R	REGULAR INSULIN
	HUMULIN R U-500	REGULAR INSULIN
<b>LUNG DISORDERS</b>	ARALAST NP, PROLASTIN-C, ZEMAIRA	ALPHA1-PROTEINASE INHIBITOR
	CINQAIR	RESILIZUMAB
	ESBRIET	PIRFENIDONE
	GLASSIA	ALPHA1-PROTEINASE INHIBITOR
	NUCALA	MEPOLIZUMAB
	OFEV	NINTEDANIB
	XOLAIR	OMALIZUMAB
<b>MULTIPLE SCLEROSIS</b>	AUBAGIO	TERIFLUNOMIDE
	AVONEX	INTERFERON $\beta$ -1a
	BETASERON	INTERFERON $\beta$ -1b
	COPAXONE	GLATIRAMER
	EXTAVIA	INTERFERON $\beta$ -1b
	GILENYA	FINGOLIMOD
	GLATOPA	GLATIRAMER
	LEMTRADA	ALEMTUZUMAB
	OCREVUS	OCRELIZUMAB
	PLEGRIDY	PEGINTERFERON BETA-1A
	REBIF	INTERFERON $\beta$ -1a
	TECFIDERA	DIMETHYL FUMARATE
	TYSABRI	NATALIZUMAB
	ZINBRYTA	DACLIZUMAB
<b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS (PCSK9S)</b>	PRALUENT	ALIROCUMAB
	REPATHA	EVOLOCUMAB
<b>PULMONARY HYPERTENSION</b>	ADCIRCA	TADALAFIL
	ADEMPAS	RIOCIGUAT
	FLOLAN	EPOPROSTENOL
	LETAIRIS	AMBRISENTAN
	OPSUMIT	MACITENTAN
	ORENITRAM	TREPOSTINIL
	REMODULIN	TREPOSTINIL
	REVATIO	SILDENAFIL
	TRACLEER	BOSENTAN
	TYVASO	TREPOSTINOL
	UPTRAVI	SELEXIPAG
	VELETRI	EPOPROSTENOL
	VENTAVIS	ILOPROST
<b>OTHERS</b>	AUSTEDO	DEUTETRABENAZINE
	BENLYSTA	BELIMUMAB
	BRINEURA	CERLIPONASE ALFA
	CERDELGA	ELIGLUSTAT TARTRATE
	CEREZYME	IMIGLUCERASE
	DUPIXENT	DUPILUMAB

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<b>CATEGORY</b>	<b>BRAND DRUG NAME</b>	<b>GENERIC DRUG NAME</b>
	EMFLAZA	DEFLAZACORT
	FORTEO	TERIPARATIDE
	GRASTEK	TIMOTHY GRASS POLLEN ALLERGEN EXTRACT
	HETLIOZ	TASIMELTEON
	INGREZZA	VALBENZAZINE
	JUXTAPID	LOMITAPIDE
	KYNAMRO	MIPOMIRSEN
	NATPARA	PARATHYROID HORMONE
	NORTHERA	DROXIDOPA
	OCALIVA	OBETICHOLIC ACID
	ORALAIR	MIXED GRASS POLLENS ALLERGEN EXTRACT
	H P ACTHAR GEL	CORTICOTROPIN INJ GEL
	RADICAVA	EDAVARONE
	RAGWITEK	SHORT RAGWEED POLLEN ALLERGEN EXTRACT
	RELISTOR	METHYLNALTREXONE
	RITUXAN/RITUXAN HYCELA	RITUXIMAB/RITUXIMAB-HYALURONIDASE
	SAMSCA	TOLVAPTAN
	SENSIPAR	CINACALCET
	SPINRAZA	NUSINERSEN
	SYNAGIS	PALIVIZUMAB IM SOLUTION
	SUPPRELIN LA	HISTRELIN ACETATE
	TYMLOS	ABALOPARATIDE
	XENAZINE	TETRABENZAZINE
	XIAFLEX	COLLAGENASE

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**Drugs with Benefit Quantity Limits:** The following list represents the drugs subject to a limited dispensing amount.

**MULTIPLE SCLEROSIS**

BRAND NAME	GENERIC NAME	FORMULARY STATUS	Quantity Limit
AMPYRA	DALFAMPRIDINE	NF	2 tabs/day

**ERECTILE DYSFUNCTION, ORAL**      **Daily and as-needed use prescriptions are not allowed concomitantly**

BRAND NAME	GENERIC NAME	FORMULARY STATUS	Quantity Limit	
CIALIS 10 mg, 20 mg	TADALAFIL	NF	<b>A Combined Total of 18 tablets per 90 Days</b>	A member can receive <b>up to</b> a combined total of 18 tablets per 90 days. The claims system <b>will not allow</b> any quantity >18 in <b>any</b> 90-day claims period.
LEVITRA	VARDENAFIL	NF		
STAXYN	VARDENAFIL	NF		
STENDRA	AVANAFIL	NF		
VIAGRA	SILDENAFIL	NF		
CIALIS Once-Daily Use 2.5 mg, 5 mg	TADALAFIL	NF	1 tab/day	

## Blue Cross Blue Shield of North Dakota Specialty Drug List

**Specialty Drug** – medications or drugs that are generally high cost and may have other considerations such as special drug administration, limited availability, unique delivery and dispensing or unique and/or required patient support or monitoring.

Use of some products identified by [PA] may be approved only after certain criteria are met. If prior approval is not obtained, benefits may be denied if criteria are not met. A physician (or clinic personnel) should submit a written request to the address shown below for prior approval consideration. **Both brand name drugs and generic equivalents require Prior Approval.**

Mail to:  
BCBSND  
Attn: Medical Management  
4510 13th Ave S  
Fargo, ND 58121

Fax to: (701) 277-2253

BRAND NAME(S)	GENERIC NAME	PA required
ACTEMRA	TOCILIZUMAB	[PA]
ACTIMMUNE	INTERFERON GAMMA-1B	[PA]
ADCIRCA	TADALAFIL	[PA]
ADEMPAS	RIOCIGUAT	[PA]
AFINITOR	EVEROLIMUS	[PA]
AFINITOR DISPERZ	EVEROLIMUS	[PA]
ALENCENSA	ALECTINIB	[PA]
ALFERON N	INTERFERON ALFA-N3	
ALKERAN	MELPHALAN	
AMEVIVE	ALEFACEPT	[PA]
AMPYRA	DALFAMPRIDINE	
APOKYN	APOMORPHINE	[PA]
ARANESP	DARBEPOETIN ALFA	
ARCALYST	RILONACEPT	[PA]
AUBAGIO	TERIFLUNOMIDE	[PA]
AVONEX	INTERFERON BETA-1A	[PA]
BERINERT	C1 ESTERASE INHIBITOR	[PA]
BETASERON	INTERFERON BETA-1B	[PA]
BETHKIS	TOBRAMYCIN NEBU SOLN	
BOSULIF	BOSUTINIB	[PA]
BRAVELLE	UROFOLLITROPIN	
BUPHENYL	SODIUM PHENYL BUTYRATE	
CABOMETYX	CABOZANTINIB	[PA]
CAPRELSA	VANDETANIB	[PA]
CARBAGLU	CARGLUMIC ACID	[PA]
CAYSTON	AZTREONAM	[PA]
CERDELGA	ELIGLUSTAT	
CETROTIDE	CETRORELIX ACETATE	
CHENODAL	CHENODIOL	
CHOLBAM	CHOLIC ACID	

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<b>BRAND NAME(S)</b>	<b>GENERIC NAME</b>	<b>PA required</b>
CIMZIA	CERTOLIZUMAB PEGOL	[PA]
COMETRIQ	CABOZANTINIB S-MAL	[PA]
COPAXONE	GLATIRAMER ACETATE	[PA]
COPEGUS	RIBAVIRIN	
COSENTYX	SECUKINUMAB	[PA]
COTELLIC	COBIMETINIB FUMARATE	
CUPRIMINE, DEPEN	PENICILLAMINE	
CYSTAGON	CYSTEAMINE BITARTRATE	
CYSTARAN	CYSTEAMINE HCL	
EGRIFTA	TESAMORELIN ACETATE	
EMFLAZA	DEFLAZACORT	[PA]
ENBREL	ETANERCEPT	[PA]
EPCLUSA	SOFOSBUVIR; VELPATASVIR	[PA]
EPOGEN	EPOETIN ALFA	
ERIVEDGE	VISMODEGIB	[PA]
ESBRIET	PIRFENIDONE	[PA]
ETOPOSIDE	ETOPOSIDE	
EXJADE	DEFERASIROX	
EXTAVIA	INTERFERON BETA-1B	[PA]
FARYDAK	PANOBINOSTAT	[PA]
FERRIPROX	DEFERIPRONE	
FIRAZYR	ICATIBANT ACETATE	[PA]
FOLLISTIM AQ	FOLLITROPIN BETA	
FORTEO	TERIPARATIDE	[PA]
FUZEON	ENFUVRTIDE	
GANIRELIX ACETATE	GANIRELIX ACETATE	
GATTEX	TEDUGLUTIDE	
GENOTROPIN	SOMATROPIN	[PA]
GILENYA	FINGOLIMOD	[PA]
GILOTRIF	AFATINIB	
GLATOPA	GLATIRAMER ACETATE	[PA]
GLEEVEC	IMATINIB	[PA]
GONAL-F	FOLLITROPIN ALFA	
HARVONI	LEDIPASVIR; SOFOSBUVIR	[PA]
HEXALEN	ALTRETAMINE	
HUMATROPE	SOMATROPIN	[PA]
HUMIRA	ADALIMUMAB	[PA]
HYCAMTIN	TOPOTECAN	[PA]
IBRANCE	PALBOCICLIB	[PA]
ICLUSIG	PONATINIB	[PA]
ILARIS	CANAKINUMAB	[PA]



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<b>BRAND NAME(S)</b>	<b>GENERIC NAME</b>	<b>PA required</b>
IMBRUVICA	IBRUTINIB	[PA]
INCIVEK	TELAPREVIR	
INCRELEX	MECASERMIN	[PA]
INFERGEN	INTERFERON ALFACON	
INLYTA	AXITINIB	[PA]
INTRON A	INTERFERON ALFA-2B	
JADENU	DEFERASIROX	
JAKAFI	RUXOLITINIB	[PA]
JUXTAPID	LOMITAPIDE	[PA]
KALBITOR	ECALLANTIDE	[PA]
KALYDECO	IVACAFTOR	[PA]
KINERET	ANAKINRA	[PA]
KISQALI	RIBOCICLIB	
KORLYM	MIFEPRISTONE	
KUVAN	SAPROPTERIN	[PA]
KYNAMRO	MIPOMERSEN SODIUM	
LENVIMA	LENVATINIB	[PA]
LETAIRIS	AMBRISENTAN	[PA]
LEUKINE	SARGRAMOSTIM	
LONSURF	TRIFLURIDINE; TIPRACIL	[PA]
LUPRON	LEUPROLIDE ACETATE	
LUPRON DEPOT	LEUPROLIDE ACETATE	
LUPRON DEPOT-PED	LEUPROLIDE ACETATE	
LUVERIS	LUTROPIN ALFA	
LYNPARZA	OLAPARIB	[PA]
LYSODREN	MITOTANE	
MATULANE	PROCARBAZINE	
MEKINIST	TRAMETINIB	[PA]
MENOPUR	MENOTROPINS	
MODERIBA	RIBAVIRIN	
MYALEPT	METRELEPTIN	
MYLERAN	BUSULFAN	
NATPARA	PARATHYROID HORMONE	
NEULASTA	PEGFILGRASTIM	
NEUMEGA	OPRELVEKIN	
NEUPOGEN	FILGRASTIM	
NEXAVAR	SORAFENIB	[PA]
NINLARO	IXAZOMIB CITRATE	[PA]
NORDITROPIN	SOMATROPIN	[PA]
NOVAREL	CHORIONIC GONADOTROPIN	
NPLATE	ROMIPLOSTIM	[PA]

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<b>BRAND NAME(S)</b>	<b>GENERIC NAME</b>	<b>PA required</b>
NUTROPIN	SOMATROPIN	[PA]
NUTROPIN AQ	SOMATROPIN	[PA]
OCALIVA	OBETICHOLIC ACID	[PA]
OFEV	NINTEDANIB	[PA]
OLYSIO	SIMEPRIVIR	[PA]
OMNITROPE	SOMATROPIN	[PA]
OPSUMIT	MACITENTAN	[PA]
ORENCIA	ABATACEPT	[PA]
ORENITRAM	TREPROSTINIL	[PA]
ORKAMBI	LUMACAF TOR AND IVACAF TOR	[PA]
OTEZLA	APREMILAST	[PA]
OVIDREL	CHORIONIC GONADOTROPIN	
PEGASYS	PEGINTERFERON ALFA-2A	
PEG-INTRON	PEGINTERFERON ALFA-2B	
PLEGRIDY	PEGINTERFERON BETA-1A	[PA]
POMALYST	POMALIDOMIDE	[PA]
PRALUENT	ALIROCUMAB	[PA]
PREGNYL	CHORIONIC GONADOTROPIN	
PROCRIT	EPOETIN ALFA	
PROCYSBI	CYSTEAMINE BITARTRATE	
PROMACTA	ELTROMBOPAG	[PA]
PULMOZYME	DORNASE ALFA	
RAVICTI	GLYCEROL PHENYLBUTYRATE	
REBETOL	RIBAVIRIN	
REBIF	INTERFERON BETA-1A	[PA]
REPATHA	EVOLOCUMAB	[PA]
REPRONEX	MENOTROPINS	
REVATIO	SILDENAFIL CITRATE	[PA]
REVLIMID	LENALIDOMIDE	[PA]
RIBAPAK	RIBAVIRIN	
RIBASPHERE	RIBAVIRIN	
RIBATAB	RIBAVIRIN	
RUBRACA	RUCAPARIB	[PA]
RUCONEST	C1 ESTERASE INHIBITOR	
SAIZEN	SOMATROPIN	[PA]
SAMSCA	TOLVAPTAN	[PA]
SEROSTIM	SOMATROPIN	[PA]
SIGNIFOR	PASIREOTIDE	
SIMPONI	GOLIMUMAB	[PA]
SIMPONI ARIA	GOLIMUMAB	[PA]
SOVALDI	SOFOSBUVIR	[PA]

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<b>BRAND NAME(S)</b>	<b>GENERIC NAME</b>	<b>PA required</b>
SPRYCEL	DASATINIB	[PA]
STELARA	USTEKINUMAB	[PA]
STIVARGA	REGORAFENIB	[PA]
STRENSIQ	ASFOTASE ALFA	
SUCRAID	SACROSIDASE	[PA]
SUTENT	SUNITINIB	[PA]
SYLATRON	PEGINTERFERON ALFA-2B	
SYPRINE	TRIENTINE HCL	
TAFINLAR	DABRAFENIB	[PA]
TAGRISSO	OSIMERTINIB MESYLATE	[PA]
TALTZ	IXEKIZUMAB	[PA]
TARCEVA	ERLOTINIB	[PA]
TARGRETIN	BEXAROTENE	[PA]
TASIGNA	NILOTINIB	[PA]
TECFIDERA	DIMETHYL FUMARATE	[PA]
TEMODAR	TEMOZOLOMIDE	[PA]
TEV-TROPIN	SOMATROPIN	[PA]
THALOMID	THALIDOMIDE	[PA]
TOBI/TOBI PODHALR	TOBRAMYCIN NEBU SOLN	
TRACLEER	BOSENTAN	[PA]
TRETINOIN	TRETINOIN	
TYKERB	LAPATINIB	[PA]
TYVASO	TREPROSTINIL	[PA]
UPTRAVI	SELEXIPAG	[PA]
VALCHLOR	MECHLORETHAMINE	
VANDETANIB	VANDETANIB	[PA]
VENCLEXTA	VENETOCLAX	[PA]
VENTAVIS	ILOPROST	[PA]
VICTRELIS	BOCEPREVIR	
VOTRIENT	PAZOPANIB	[PA]
XALKORI	CRIZOTINIB	[PA]
XELJANZ	TOFACITINIB	[PA]
XELODA	CAPECITABINE	[PA]
XENAZINE	TETRABENAZINE	[PA]
XERMELO	TELOTRISTAT	
XTANDI	ENZALUTAMIDE	[PA]
XURIDEN	URIDINE TRIACETATE	
XYREM	SODIUM OXYBATE	
ZARXIO	FILGRASTIM-SNDZ	
ZAVESCA	MIGLUSTAT	[PA]
ZELBORAF	VEMURAFENIB	[PA]

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<b>BRAND NAME(S)</b>	<b>GENERIC NAME</b>	<b>PA required</b>
ZEPATIER	ELBASVIR-GRAZOPREVIR	[PA]
ZOLINZA	VORINOSTAT	[PA]
ZOMACTON	SOMATROPIN	[PA]
ZORBTIVE	SOMATROPIN	[PA]
ZYDELIG	IDELALISIB	
ZYKADIA	CERITINIB	[PA]
ZINBRYTA	DACLIZUMAB	[PA]
ZYTIGA	ABIRATERONE	[PA]



In accordance with federal regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

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

Blue Cross Blue Shield of North Dakota:

- 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, please call Member Services at 1-800-342-4718 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

If you believe that Blue Cross Blue Shield of North Dakota 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

4510 13th Ave S

Fargo, ND 58121

701-297-1638 or North Dakota Relay at 800-366-6888 or 711

701-282-1804 (fax)

[CivilRightsCoordinator@bcbsnd.com](mailto:CivilRightsCoordinator@bcbsnd.com) (email)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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, DC 20201

800-368-1019 or 800-537-7697 (TDD)

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

### **Español (Spanish)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-342-4718 (TTY: 1-800-366-6888 o 711).

### **Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-342-4718 (TTY: 1-800-366-6888 oder 711).

## 繁體中文 (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 1-800-342-4718 (TTY: 1-800-366-6888 或 711)。

## Oroomiffa (Oromo)

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-342-4718 (TTY: 1-800-366-6888 ykn 711).

## Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-342-4718 (TTY: 1-800-366-6888 hoặc 711).

## Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-342-4718 (TTY: 1-800-366-6888 canke 711).

## العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-342-4718 (رقم هاتف الصم والبكم: 1-800-366-6888 أو 711).

## Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-342-4718 (TTY: 1-800-366-6888 au 711).

## Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-342-4718 (телетайп: 1-800-366-6888 или 711).

## 日本語 (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。1-800-342-4718 (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

## नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-800-342-4718 (टिटिवाइ: 1-800-366-6888 वा 711)।

## Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-342-4718 (ATS : 1-800-366-6888 ou 711).

## 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-342-4718 (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

## Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-342-4718 (TTY: 1-800-366-6888 o 711).

## Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-800-342-4718 (TTY: 1-800-366-6888 eller 711).

## Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jii'eh, éí ná hóló, kojí' hódíílnih 1-800-342-4718 (TTY: 1-800-366-6888 éí doodagó 711.)