

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	
ADCIRCA	TADALAFIL	[PA]
ADEMPAS	RIOCIGUAT	[PA]
AFINITOR	EVEROLIMUS	[PA]
AFINITOR DISPERZ	EVEROLIMUS	[PA]
ALECENSA	ALECTINIB	[PA]
ALFERON N	INTERFERON ALFA-N3	
ALKERAN	MELPHALAN	
ALUNBRIG	BRIGATINIB	[PA]
AMEVIVE	ALEFACEPT	
AMPYRA	DALFAMPRIDINE	
APOKYN	APOMORPHINE	
ARANESP	DARBEPOETIN ALFA	
ARCALYST	RILONACEPT	[PA]
AUBAGIO	TERIFLUNOMIDE	[PA]
AUSTEDO	DEUTETRABENAZINE	[PA]
AVONEX	INTERFERON BETA-1A	[PA]
BENLYSTA	BELIMUMAB	[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]
CALQUENCE	ACALABRUTINIB	[PA]
CARBAGLU	CARGLUMIC ACID	[PA]

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CAYSTON	AZTREONAM	[PA]
CERDELGA	ELIGLUSTAT	[PA]
CETROTIDE	CETRORELIX ACETATE	
CHENODAL	CHENODIOL	
CHOLBAM	CHOLIC ACID	
CIMZIA	CERTOLIZUMAB PEGOL	[PA]
COMETRIQ	CABOZANTINIB S-MAL	[PA]
COPAXONE	GLATIRAMER ACETATE	[PA]
COPEGUS	RIBAVIRIN	
COSENTYX	SECUKINUMAB	[PA]
COTELLIC	COBIMETINIB FUMARATE	[PA]
CUPRIMINE, DEPEN	PENICILLAMINE	
CYSTAGON	CYSTEAMINE BITARTRATE	
CYSTARAN	CYSTEAMINE HCL	
DUPIXENT	DUPILUMAB	[PA]
EGRIFTA	TESAMORELIN ACETATE	
EMFLAZA	DEFLAZACORT	[PA]
ENBREL	ETANERCEPT	[PA]
ENDARI	GLUTAMINE (SICKLE CELL)	[PA]
EPCLUSA	SOFOSBUVIR; VELPATASVIR	[PA]
EPOGEN	EPOETIN ALFA	
ERIVEDGE	VISMODEGIB	[PA]
ERLEADA	APALUTAMIDE	[PA]
ESBRIET	PIRFENIDONE	[PA]
ETOPOSIDE	ETOPOSIDE	
EXJADE	DEFERASIROX	
EXTAVIA	INTERFERON BETA-1B	[PA]
FARYDAK	PANOBINOSTAT	[PA]
FASENRA	BENRALIZUMAB	[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	[PA]
GLATOPA	GLATIRAMER ACETATE	[PA]

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GLEEVEC	IMATINIB	[PA]
GOCOVRI	AMANTADINE ER	
GONAL- F / RFF	FOLLITROPIN ALFA	
GRANIX	TBO-FILGRASTIM	
HARVONI	LEDIPASVIR; SOFOSBUVIR	[PA]
HEXALEN	ALTRETAMINE	
HUMATROPE	SOMATROPIN	[PA]
HUMIRA	ADALIMUMAB	[PA]
HYCANTIN	TOPOTECAN	[PA]
IBRANCE	PALBOCICLIB	[PA]
ICLUSIG	PONATINIB	[PA]
IDHIFA	ENASIDENIB	[PA]
ILARIS	CANAKINUMAB	[PA]
IMBRUVICA	IBRUTINIB	[PA]
INCIVEK	TELAPREVIR	
INCRELEX	MECASERMIN	
INFERGEN	INTERFERON ALFACON	
INGREZZA	VALBENZAZINE	[PA]
INLYTA	AXITINIB	[PA]
INTRON A	INTERFERON ALFA-2B	
JADENU	DEFERASIROX	
JAKAFI	RUXOLITINIB	[PA]
JUXTAPID	LOMITAPIDE	[PA]
KALBITOR	ECALLANTIDE	[PA]
KALYDECO	IVACAFTOR	[PA]
KEVRAZA	SARILUMAB	[PA]
KINERET	ANAKINRA	[PA]
KISQALI	RIBOCICLIB	[PA]
KISQALI FEMARA PAK	RIBOCICLIB/LETROZOLE	[PA]
KITABIS PAK	TOBRAMYCIN NEBU	
KORLYM	MIFEPRISTONE	
KUVAN	SAPROPTERIN	[PA]
KYNAMRO	MIPOMERSEN SODIUM	[PA]
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	

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LYNPARZA	OLAPARIB	[PA]
LYSODREN	MITOTANE	
MATULANE	PROCARBAZINE	
MAVYRET	GLECAPREVIR-PIBRENTASVIR	[PA]
MEKINIST	TRAMETINIB	[PA]
MENOPUR	MENOTROPINS	
MODERIBA	RIBAVIRIN	
MYALEPT	METRELEPTIN	[PA]
MYLERAN	BUSULFAN	
NATPARA	PARATHYROID HORMONE	[PA]
NERLYNX	NERATINIB	[PA]
NEULASTA	PEGFILGRASTIM	
NEUMEGA	OPRELVEKIN	
NEUPOGEN	FILGRASTIM	
NEXAVAR	SORAFENIB	[PA]
NINLARO	IXAZOMIB CITRATE	[PA]
NITYR	NITISINONE	
NORDITROPIN	SOMATROPIN	[PA]
NOVAREL	CHORIONIC GONADOTROPIN	
NPLATE	ROMIPLOSTIM	[PA]
NUTROPIN	SOMATROPIN	[PA]
NUTROPIN AQ	SOMATROPIN	[PA]
OALIVA	OBETICHOLIC ACID	[PA]
OFEV	NINTEDANIB	[PA]
OLYSIO	SIMEPRIVIR	[PA]
OMNITROPE	SOMATROPIN	[PA]
OPSUMIT	MACITENTAN	[PA]
ORENCIA	ABATACEPT	[PA]
ORENITRAM	TREPROSTINIL	[PA]
ORKAMBI	LUMACAFTOR AND IVACAFTOR	[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]

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PULMOZYME	DORNASE ALFA	
RAVICTI	GLYCEROL PHENYL BUTYRATE	
REBETOL	RIBAVIRIN	
REBIF	INTERFERON BETA-1A	[PA]
REPATHA	EVOLOCUMAB	[PA]
REVATIO	SILDENAFIL CITRATE	[PA]
REVLIMID	LENALIDOMIDE	[PA]
RIBAPAK	RIBAVIRIN	
RIBASPHERE	RIBAVIRIN	
RIBATAB	RIBAVIRIN	
RUBRACA	RUCAPARIB	[PA]
RUCONEST	C1 ESTERASE INHIBITOR	[PA]
RYDAPT	MIDOSTAURIN	[PA]
SAIZEN	SOMATROPIN	[PA]
SAMSCA	TOLVAPTAN	[PA]
SEROSTIM	SOMATROPIN	[PA]
SIGNIFOR	PASIREOTIDE	
SILIQ	BRODALUMAB	[PA]
SIMPONI	GOLIMUMAB	[PA]
SIMPONI ARIA	GOLIMUMAB	[PA]
SOVALDI	SOFOSBUVIR	[PA]
SPRYCEL	DASATINIB	[PA]
STELARA	USTEKINUMAB	[PA]
STIVARGA	REGORAFENIB	[PA]
STRENSIQ	ASFOTASE ALFA	[PA]
SUCRAID	SACROSIDASE	
SUTENT	SUNITINIB	[PA]
SYLATRON	PEGINTERFERON ALFA-2B	
SYMDEKO	TEZACAFTOR-IVACAFTOR	[PA]
SYPRINE	TRIENTINE HCL	
TAFINLAR	DABRAFENIB	[PA]
TAGRISSE	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	

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TRACLEER	BOSENTAN	[PA]
TREMFYA	GUSELKUMAB	[PA]
TRETINOIN	TRETINOIN	
TYKERB	LAPATINIB	[PA]
TYMLOS	ABALOPARATIDE	[PA]
TYVASO	TREPROSTINIL	[PA]
UPTRAVI	SELEXIPAG	[PA]
VALCHLOR	MECHLORETHAMINE	
VENCLEXTA	VENETOCLAX	[PA]
VENTAVIS	ILOPROST	[PA]
VERZENIO	ABEMACICLIB	[PA]
VICTRELIS	BOCEPREVIR	
VOSEVI	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR	[PA]
VOTRIENT	PAZOPANIB	[PA]
XALKORI	CRIZOTINIB	[PA]
XELJANZ/XELJANZ XR	TOFACITINIB	[PA]
XELODA	CAPECITABINE	[PA]
XENAZINE	TETRABENAZINE	[PA]
XERMELO	TELOTTRISTAT	
XTANDI	ENZALUTAMIDE	[PA]
XURIDEN	URIDINE TRIACETATE	
XYREM	SODIUM OXYBATE	
ZARXIO	FILGRASTIM-SNDZ	
ZAVESCA	MIGLUSTAT	[PA]
ZEJULA	NIRAPARIB	[PA]
ZELBORAF	VEMURAFENIB	[PA]
ZEPATIER	ELBASVIR-GRAZOPREVIR	[PA]
ZINBRYTA	DACLIZUMAB	[PA]
ZOLINZA	VORINOSTAT	[PA]
ZOMACTON	SOMATROPIN	[PA]
ZORBTIVE	SOMATROPIN	[PA]
ZYDELIG	IDELALISIB	[PA]
ZYKADIA	CERITINIB	[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 (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).

