

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	
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	[PA]
CETROTIDE	CETRORELIX ACETATE	

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BRAND NAME(S)	GENERIC NAME	PA required
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]
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	[PA]
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]

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IBRANCE	PALBOCICLIB	[PA]
ICLUSIG	PONATINIB	[PA]
ILARIS	CANAKINUMAB	[PA]
IMBRUVICA	IBRUTINIB	[PA]
INCIVEK	TELAPREVIR	
INCRELEX	MECASERMIN	
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]
KEVRAZA	SARILUMAB	
KINERET	ANAKINRA	[PA]
KISQALI	RIBOCICLIB	[PA]
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]

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BRAND NAME(S)	GENERIC NAME	PA required
NINLARO	IXAZOMIB CITRATE	[PA]
NORDITROPIN	SOMATROPIN	[PA]
NOVAREL	CHORIONIC GONADOTROPIN	
NPLATE	ROMIPLOSTIM	[PA]
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	[PA]
RYDAPT	MIDOSTAURIN	[PA]
SAIZEN	SOMATROPIN	[PA]
SAMSCA	TOLVAPTAN	[PA]

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SEROSTIM	SOMATROPIN	[PA]
SIGNIFOR	PASIREOTIDE	
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	
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]
TYMLOS	ABALOPARATIDE	
TYVASO	TREPROSTINIL	[PA]
UPTRAVI	SELEXIPAG	[PA]
VALCHLOR	MECHLORETHAMINE	
VENCLEXTA	VENETOCLAX	[PA]
VENTAVIS	ILOPROST	[PA]
VICTRELIS	BOCEPREVIR	
VOTRIENT	PAZOPANIB	[PA]
XALKORI	CRIZOTINIB	[PA]
XELJANZ/XELJANZ XR	TOFACITINIB	[PA]
XELODA	CAPECITABINE	[PA]
XENAZINE	TETRABENAZINE	[PA]
XERMELO	TELOTRISTAT	
XTANDI	ENZALUTAMIDE	[PA]

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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).

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.)