

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 may be approved only after certain criteria are met. Refer to Restricted-Use Drug lists for other applicable criteria.

DRUG NAME(S)	GENERIC NAME
ABIRATERONE ACETATE	ABIRATERONE ACETATE TAB
ABRILADA	ADALIMUMAB-AFZB AUTO-INJECTOR KIT, PREFILLED SYRINGE KIT
ACTEMRA, ACTEMRA ACTPEN	TOCILIZUMAB SUBCUTANEOUS SOLN, AUTO-INJECTOR
ACTHAR	CORTICOTROPIN INJ GEL 80 UNIT/ML
ACTIMMUNE	INTERFERON GAMMA-1B INJ
ADALIMUMAB-ADAZ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR, PREFILLED SYRINGE
ADALIMUMAB-ADB	ADALIMUMAB-ADB
ADALIMUMAB-FKJP	ADALIMUMAB-FKJP AUTO-INJECTOR KIT, PREFILLED SYRINGE KIT
ADBRY	TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN PREFILLED SYR
ADCIRCA	TADALAFIL TAB 20 MG (PAH)
ADEMPAS	RIOCIGUAT TAB
ADVATE	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ
ADYNOVATE	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ
AFINITOR, AFINITOR DISPERZ	EVEROLIMUS TAB, TAB FOR ORAL SUSP
AFSTYLA	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT
AGAMREE	VAMOROLONE ORAL SUSP
AKEEGA	NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB
ALECENSA	ALECTINIB HCL CAP
ALFERON N	INTERFERON ALFA-N3 INJ
ALKERAN	MELPHALAN TAB, INJECTION
ALKINDI SPRINKLE	HYDROCORTISONE CAP SPRINKLE
ALPHANATE	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ
ALPHANINE SD	COAGULATION FACTOR IX FOR INJ
ALPROLIX	COAGULATION FACTOR IX (RECOMB) (RFXFC) FOR INJ
ALTUVIIIO	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ
ALUNBRIG	BRIGATINIB TAB
ALYQ	TADALAFIL TAB 20 MG (PAH)
AMBRISENTAN	AMBRISENTAN TAB
AMJEVITA	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR, SOLN PREFILLED SYRINGE
AMPYRA	DALFAMPRIDINE TAB ER
APHEXDA	MOTIXAFORTIDE ACETATE SUBCUTANEOUS INJ
APOKYN	APOMORPHINE HCL SOLN CARTRIDGE
APOMORPHINE	APOMORPHINE HCL SOLN CARTRIDGE
ARANESP ALBUMIN FREE	DARBEPOETIN ALFA SOLN INJ, SOLN PREFILLED SYRINGE
ARCALYST	RILONACEPT FOR INJ
ARIKAYCE	AMIKACIN SULFATE LIPOSOME INHAL SUSP
AUBAGIO	TERIFLUNOMIDE TAB
AUGTYRO	REPOTRECTINIB CAP
AUSTEDO, AUSTEDO XR	DEUTETRABENAZINE TAB, TAB ER 24HR, TITRATION PACK
AVONEX, AVONEX PEN	INTERFERON BETA-1A IM PREFILLED SYRINGE KIT, AUTO-INJECTOR KIT
AYVAKIT	AVAPRITINIB TAB
BAFIERTAM	MONOMETHYL FUMARATE CAPSULE DELAYED RELEASE
BALVERSA	ERDAFITINIB TAB
BENEFIX	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT
BENLYSTA	BELIMUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR, PREFILLED SYRINGE
BERINERT	C1 ESTERASE INHIBITOR (HUMAN) FOR IV INJ KIT
BESREMI	ROPEGINTERFERON ALFA-2B-NJFT SOLN PREFILLED SYR
BETASERON	INTERFERON BETA-1B FOR INJ KIT

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BETHKIS	TOBRAMYCIN NEBU SOLN 300 MG/4ML
BEXAROTENE	BEXAROTENE CAP, GEL
BIMZELX	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN
BOSENTAN	BOSENTAN TAB
BOSULIF	BOSUTINIB TAB
BRAFTOVI	ENCORAFENIB CAP
BRONCHITOL	MANNITOL INHAL CAP
BRUKINSA	ZANUBRUTINIB CAP
BUPHENYL	SODIUM PHENYLBUTYRATE ORAL POWDER, TAB
BYLVAY, BYLVAY (PELLETS)	ODEVIXIBAT CAP, PELLETS CAP SPRINKLE
CABENUVA	CABOTEGRAVIR & RILPIVIRINE IM SUSP ER
CABLIVI	CAPLACIZUMAB-YHDP FOR INJ KIT
CABOMETYX	CABOZANTINIB S-MALATE TAB
CALQUENCE	ACALABRUTINIB MALEATE TAB
CAMCEVI	LEUPROLIDE MESYLATE (6 MONTH) EMULSION PREFILLED SYR
CAMZYOS	MAVACAMTEN CAP
CAPECITABINE	CAPECITABINE TAB
CAPRELSA	VANDETANIB TAB
CARBAGLU	CARGLUMIC ACID SOLUBLE TAB
CARGLUMIC TAB	CARGLUMIC ACID SOLUBLE TAB
CAYSTON	AZTREONAM LYSINE FOR INHAL SOLN
CERDELGA	ELIGLUSTAT TARTRATE CAP
CETRORELIX	CETRORELIX ACETATE FOR INJ KIT
CETROTIDE	CETRORELIX ACETATE FOR INJ KIT
CHENODAL	CHENODIOL TAB
CHOLBAM	CHOLIC ACID CAP
CHORIONIC GONADOTROPIN	CHORIONIC GONADOTROPIN FOR IM INJ
CIBINQO	ABROCITINIB TAB
CIMZIA	CERTOLIZUMAB PEGOL FOR INJ KIT, PREFILLED SYRINGE KIT
CINACALCET HYDROCHLORIDE	CINACALCET HCL TAB
CLOVIQUE	TRIENTINE HCL CAP
COAGADEX	COAGULATION FACTOR X (HUMAN) FOR INJ
COMETRIQ	CABOZANTINIB S-MAL CAP
COPAXONE	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE
COPIKTRA	DUVELISIB CAP
CORIFACT	FACTOR XIII CONCENTRATE (HUMAN) FOR INJ KIT
CORTROPHIN	CORTICOTROPIN INJ GEL 80 UNIT/ML
COSENTYX, COSENTYX SENSOREADY PEN	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE, AUTO-INJECTOR
COTELLIC	COBIMETINIB FUMARATE TAB
CUVRIOR	TRIENTINE TETRAHYDROCHLORIDE TAB
CRYSVITA	BUROSUMAB-TWZA INJ
CUPRIMINE	PENICILLAMINE CAP
CYLTEZO	ADALIMUMAB-ADBAM AUTO-INJECTOR KIT, ADALIMUMAB-ADBAM PREFILLED SYRINGE KIT
CYSTADANE	BETAINE POWDER FOR ORAL SOLUTION
CYSTADROPS	CYSTEAMINE HCL OPHTH SOLN 0.37% (BASE EQUIVALENT)
CYSTAGON	CYSTEAMINE BITARTRATE CAP
CYSTARAN	CYSTEAMINE HCL OPHTH SOLN 0.44% (BASE EQUIVALENT)
DALFAMPRIDINE ER	DALFAMPRIDINE TAB ER 12HR
DAURISMO	GLASDEGIB MALEATE TAB
DAYBUE	TROFINETIDE ORAL SOLN
DEFERASIROX	DEFERASIROX GRANULES PACKET, TAB, TAB FOR ORAL SUSP
DEFERIPRONE	DEFERIPRONE TAB
DEFLAZACORT	DEFLAZACORT TAB

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DEPEN TITRATABS	PENICILLAMINE TAB
DIACOMIT	STIRIPENTOL CAP, PACKET
DIMETHYL FUMARATE	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE
DOJOLVI	TRihePTANOIN ORAL LIQUID 100%
DOPTELET	AVATROMBOPAG MALEATE TAB
DROXIA	HYDROXYUREA CAP
DROXIDOPA	DROXIDOPA CAP
DUPIXENT	DUPILUMAB SUBCUTANEOUS SOLN PEN-INJECTOR, PREFILLED SYRINGE
EGRIFTA SV	TESAMORELIN ACETATE FOR INJ
ELIGARD	LEUPROLIDE ACETATE SUBCUTANEOUS INJ KIT
ELOCTATE	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIIC) FOR INJ
EMCYT	ESTRAMUSTINE PHOSPHATE SODIUM CAP
EMFLAZA	DEFLAZACORT SUSP, TAB
EMPAVELI	PEGCETACOPLAN SUBCUTANEOUS SOLN
ENBREL	ETANERCEPT
ENDARI	GLUTAMINE (SICKLE CELL) POWD PACK
ENSPRYNG	SATRALIZUMAB-MWGE SUBCUTANEOUS SOLN PREF SYRINGE
ENTYVIO	VEDOLIZUMAB SOLN PEN-INJECTOR
EPCLUSA	SOFOSBUVIR-VELPATASVIR PELLETT PACK, TAB
EPIDIOLEX	CANNABIDIOL SOLN
EPOGEN	EPOETIN ALFA INJ
ERIVEDGE	VISMODEGIB CAP
ERLEADA	APALUTAMIDE TAB
ERLOTINIB	ERLOTINIB HCL TAB
ESBRIET	PIRFENIDONE CAP, TAB
ESPEROCT	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ
ETOPOSIDE	ETOPOSIDE CAP
EULEXIN	FLUTAMIDE CAP
EVEROLIMUS (generic for AFINITOR)	EVEROLIMUS TAB, TAB FOR ORAL SUSP
EVRYSDI	RISDIPLAM FOR SOLN
EXJADE	DEFERASIROX TAB FOR ORAL SUSP
EXKIVITY	MOBOCERTINIB SUCCINATE CAP
EXSERVAN	RILUZOLE ORAL FILM
EXTAVIA	INTERFERON BETA-1B FOR INJ KIT
FABHALTA	IPTACOPAN CAP
FARESTON	TOREMIFENE CITRATE TAB
FASENRA, FASENRA PEN	BENRALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE, AUTO-INJECTOR
FEIBA	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN
FENSOLVI	LEUPROLIDE ACET (6 MONTH) FOR INJ PEDIATRIC KIT
FERRIPROX	DEFERIPRONE ORAL SOLN, TAB
FERRIPROX TWICE-A-DAY	DEFERIPRONE (TWICE DAILY) TAB
FIBRYGA	FIBRINOGEN CONC (HUMAN) INJ
FILSPARI	SPARSENTAN TAB
FINGOLIMOD	FINGOLIMOD HCL CAP
FINTEPLA	FENFLURAMINE HCL ORAL SOLN
FIRAZYR	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR
FIRDAPSE	AMIFAMPRIDINE PHOSPHATE TAB
FLUTAMIDE	FLUTAMIDE CAP
FOLLISTIM AQ	FOLLITROPIN BETA INJ
FORTEO	TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ
FOTIVDA	TIVOZANIB HCL CAP
FRUZAQLA	FRUQUINTINIB CAP
FUROSCIX	FUROSEMIDE SUBCUTANEOUS CARTRIDGE KIT

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FUZEON	ENFUVRTIDE FOR INJ
FYLNETRA	PEGFILGRASTIM-PBBK SOLN PREFILLED SYRINGE
FYREMADEL	GANIRELIX ACETATE SOLN PREFILLED SYRINGE
GALAFOLD	MIGALASTAT HCL CAP
GANIRELIX ACETATE	GANIRELIX ACETATE SOLN PREFILLED SYRINGE
GATTEX	TEDUGLUTIDE (RDNA) FOR INJ KIT
GAVRETO	PRALSETINIB CAP
GEFITINIB	GEFITINIB TAB
GENOTROPIN, GENOTROPIN MINIQUICK	SOMATROPIN FOR SUBCUTANEOUS INJ CARTRIDGE, INJ PREFILLED SYR
GILENYA	FINGOLIMOD HCL CAP
GILOTRIF	AFATINIB DIMALEATE TAB
GIVLAARI	GIVOSIRAN SODIUM SUBCUTANEOUS SOLN
GLATIRAMER	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE
GLATOPA	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE
GLEEVEC	IMATINIB MESYLATE TAB
GLEOSTINE	LOMUSTINE CAP
GOCOVRI	AMANTADINE HCL CAP ER 24HR
GONAL-F	FOLLITROPIN ALFA FOR INJ
GONAL-F RFF, GONAL F RFF REDIJECT	FOLLITROPIN ALFA FOR SUBCUTANEOUS INJ, PEN-INJ
GRANIX	TBO-FILGRASTIM SOLN PREFILLED SYRINGE SUBCUTANEOUS INJ
HADLIMA	ADALIMUMAB-BWWD SOLN PREFILLED SYRINGE, AUTO-INJECTOR
HAEGARDA	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ
HARVONI	LEDIPASVIR-SOFOSBUVIR PELLET PACK, TAB
HEMLIBRA	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN
HEMOFIL M	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ
HETLIOZ, HETLIOZ LQ	TASIMELTEON CAPSULE, ORAL SUSP
HULIO	ADALIMUMAB-FKJP AUTO-INJECTOR KIT, ADALIMUMAB-FKJP PREFILLED SYRINGE KIT
HUMATE-P	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ
HUMATROPE	SOMATROPIN FOR INJ CARTRIDGE
HUMIRA, HUMIRA PEN	ADALIMUMAB PREFILLED SYRINGE KIT, PEN-INJECTOR KIT
HYCAMTIN	TOPOTECAN HCL CAP
HYDROXYPROGESTERONE CAPROATE	HYDROXYPROGESTERONE CAPROATE IM IN OIL
HYRIMOZ	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR, PREFILLED SYRINGE
IBRANCE	PALBOCICLIB CAP, TAB
ICATIBANT ACETATE	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR
ICLUSIG	PONATINIB HCL TAB
IDACIO	ADALIMUMAB-AACF AUTO-INJECTOR KIT, ADALIMUMAB-AACF PREFILLED SYRINGE KIT
IDELVION	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ
IDHIFA	ENASIDENIB MESYLATE TAB
IMATINIB MESYLATE	IMATINIB MESYLATE TAB
IMBRUVICA	IBRUTINIB CAP, ORAL SUSP, TAB
IMCIVREE	SETMELANOTIDE ACETATE SUBCUTANEOUS SOLN
INBRIJA	LEVODOPA INHAL POWDER CAP
INCRELEX	MECASERMIN INJ
INGREZZA	VALBENZAZINE TOSYLATE CAP, CAP THERAPY PACK
INLYTA	AXITINIB TAB
INQOVI	DECITABINE-CEDAZURIDINE TAB
INREBIC	FEDRATINIB HCL CAP
INTRON A	INTERFERON ALFA-2B FOR INJ
IRESSA	GEFITINIB TAB
ISTURISA	OSILODROSTAT PHOSPHATE TAB
IWILFIN	EFLORNITHINE HCL TAB
IXINITY	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ

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JADENU, JADENU SPRINKLE	DEFERASIROX TAB, GRANULES PACKET
JAKAFI	RUXOLITINIB PHOSPHATE TAB
JAVYGTOR	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET, TAB
JAYPIRCA	PIRTOBRUTINIB TAB
JIVI	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL) FOR INJ
JOENJA	LENIOLISIB PHOSPHATE TAB
JUXTAPID	LOMITAPIDE MESYLATE CAP
JYNARQUE	TOLVAPTAN TAB, TAB THERAPY PACK
KALBITOR	ECALLANTIDE INJ
KALYDECO	IVACAFTOR PACKET
KESIMPTA	OFATUMUMAB SOLN AUTO-INJECTOR
KEVZARA	SARILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE, AUTO-INJECTOR
KINERET	ANAKINRA SUBCUTANEOUS SOLN PREFILLED SYRINGE
KISQALI	RIBOCICLIB SUCCINATE TAB PACK
KITABIS PAK	TOBRAMYCIN NEBU SOLN 300 MG/5ML
KOATE, KOATE-DVI	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ
KOGENATE FS	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ KIT
KORLYM	MIFEPRISTONE TAB
KOSELUGO	SELUMETINIB SULFATE CAP
KOVALTRY	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ
KRAZATI	ADAGRASIB TAB
KUVAN	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET, TAB
LAPATINIB DITOSYLATE	LAPATINIB DITOSYLATE TAB
LEDIPASVIR/SOFOSBUVIR	LEDIPASVIR-SOFOSBUVIR TAB
LENALIDOMIDE	LENALIDOMIDE CAP
LENVIMA	LENVATINIB CAP THERAPY PACK
LETAIRIS	AMBRISENTAN TAB
LEUKERAN	CHLORAMBUCIL TAB
LEUKINE	SARGRAMOSTIM LYOPHILIZED FOR INJ
LEUPROLIDE ACETATE	LEUPROLIDE ACETATE INJ KIT,
LIQREV	SILDENAFIL CITRATE ORAL SUSP
LIVMARLI	MARALIXIBAT CHLORIDE ORAL SOLN
LIVTENCITY	MARIBAVIR TAB
LONSURF	TRIFLURIDINE-TIPIRACIL TAB
LORBRENA	LORLATINIB TAB
LUMAKRAS	SOTORASIB TAB
LUMRYZ	SODIUM OXYBATE PACK FOR ORAL ER SUSP
LUPANETA PACK	LEUPROLIDE INJ & NORETHINDRONE KIT
LUPKYNIS	VOCLOSPORIN CAP
LUPRON DEPOT (1-MONTH, 3-MONTH, 4-MONTH, 6-MONTH)	LEUPROLIDE ACETATE FOR INJ KIT
LUPRON DEPOT-PED (1-MONTH 3-MONTH 6-MONTH)	LEUPROLIDE ACETATE FOR INJ PEDIATRIC KIT
LYNPARZA	OLAPARIB TAB
LYSODREN	MITOTANE TAB
LYTGOBI	FUTIBATINIB TAB THERAPY PACK
MATULANE	PROCARBAZINE HCL CAP
MAVENCLAD	CLADRIBINE TAB THERAPY PACK
MAVYRET	GLECAPREVIR-PIBRENTASVIR PELLETT PACK
MAYZENT	SIPONIMOD FUMARATE TAB
MEKINIST	TRAMETINIB DIMETHYL SULFOXIDE TAB
MEKTOVI	BINIMETINIB TAB
MELPHALAN	MELPHALAN TAB, FOR INJ

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DRUG NAME(S)	GENERIC NAME
MENOPUR	MENOTROPINS FOR SUBCUTANEOUS INJ
MIFEPRISTONE	MIFEPRISTONE TAB
MIGLUSTAT	MIGLUSTAT CAP
MONONINE	COAGULATION FACTOR IX FOR INJ
MULPLETA	LUSUTROMBOPAG TAB
MYALEPT	METRELEPTIN FOR SUBCUTANEOUS INJ
MYCAPSSA	OCTREOTIDE ACETATE CAP DELAYED RELEASE
MYLERAN	BUSULFAN TAB
NATPARA	PARATHYROID HORMONE (RECOMBINANT) FOR INJ CARTRIDGE
NERLYNX	NERATINIB MALEATE TAB
NEUPOGEN	FILGRASTIM INJ, SOLN PREFILLED SYRINGE
NEXAVAR	SORAFENIB TOSYLATE TAB
NGENLA	SOMATROGON-GHLA SOLUTION PEN-INJECTOR
NILANDRON	NILUTAMIDE TAB
NILUTAMIDE	NILUTAMIDE TAB
NINLARO	IXAZOMIB CITRATE CAP
NITISINONE	NITISINONE CAP
NITYR	NITISINONE TAB
NIVESTYM	FILGRASTIM-AAFI INJ, SOLN PREFILLED SYRINGE
NORDITROPIN FLEXPRO	SOMATROPIN SOLUTION PEN-INJECTOR
NORTHERA	DROXIDOPA CAP
NOURIANZ	ISTRADEFYLLINE TAB
NOVAREL	CHORIONIC GONADOTROPIN FOR IM INJ
NOVOEIGHT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ
NOVOSEVEN RT	COAGULATION FACTOR VIIA (RECOMB) FOR INJ
NUBEQA	DAROLUTAMIDE TAB
NUCALA	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR, SOLUTION PREF SYRINGE
NUPLAZID	PIMAVANSERIN TARTRATE CAP, TAB
NUTROPIN AQ	SOMATROPIN SOLUTION PEN-INJECTOR
NUWIQ	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM) FOR INJ KIT
OBIZUR	ANTIHEMOPHILIC FACTOR (RECOMB PORC) RPFVIII FOR INJ
OICALIVA	OBETICHOLIC ACID TAB
OCTREOTIDE ACETATE	OCTREOTIDE ACETATE INJ
ODOMZO	SONIDEGIB PHOSPHATE CAP
OFEV	NINTEDANIB ESYLATE CAP
OGSIVEO	NIROGACESTAT HYDROBROMIDE TAB
OJJAARA	MOMELOTINIB DIHYDROCHLORIDE TAB
OLUMIANT	BARICITINIB TAB
OLPRUVA	SODIUM PHENYLBUTYRATE PACKET FOR SUSP
OMNITROPE	SOMATROPIN FOR INJ, SOLUTION CARTRIDGE
OMVOH	MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOLN
OPFOLDA	MIGLUSTAT CAP
ONUREG	AZACITIDINE TAB
OPSUMIT	MACITENTAN TAB
ORENCIA, ORENCIA CLICKJECT	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE, AUTO-INJECTOR
ORENITRAM	TREPROSTINIL TAB ER TITR PK
ORFADIN	NITISINONE CAP, SUSP
ORGOVYX	RELUGOLIX TAB
ORKAMBI	LUMACAFTOR-IVACAFTOR GRANULES PACKET, TAB
ORLADEYO	BEROTRALSTAT HCL CAP
ORSERDU	ELACESTRANT HYDROCHLORIDE TAB
OTEZLA	APREMILAST TAB, TAB THERAPY PACK
OVIDREL	CHORIOGONADOTROPIN ALFA INJ

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DRUG NAME(S)	GENERIC NAME
OXBRYTA	VOXELOTOR TAB, TAB FOR ORAL SUSP
OXERVATE	CENEGERMIN-BKBJ OPHTH SOLN 0.002%
PALFORZIA	PEANUT POWDER-DNFP CAP SPRINKLE
PALYNZIQ	PEGVALIASE-PQPZ SUBCUTANEOUS SOLN PREF SYRINGE
PAZOPANIB	PAZOPANIB HCL TAB
PEGASYS, PEGASYS PROCLICK	PEGINTERFERON ALFA-2A INJ, AUTO-INJECTOR
PEMAZYRE	PEMIGATINIB TAB
PENICILLAMINE	PENICILLAMINE CAP, TAB
PHEBURANE	SODIUM PHENYLBUTYRATE ORAL PELLETS
PHENYLBUTYRA POW SODIUM	SODIUM PHENYLBUTYRATE ORAL POWDER
PIQRAY	ALPELISIB TAB THERAPY PACK
PIRFENIDONE	PIRFENIDONE TAB
PLEGRIDY	PEGINTERFERON BETA-1A IM SOLN PREFILLED SYR, SOLN PEN-INJECTOR
POMALYST	POMALIDOMIDE CAP
PONVORY	PONESIMOD TAB
PREGNYL W/DILUENT BENZYL ALCOHOL/NAACL	CHORIONIC GONADOTROPIN FOR IM INJ
PROCRIT	EPOETIN ALFA INJ
PROCYSBI	CYSTEAMINE BITARTRATE CAP DELAYED RELEASE, DELAYED RELEASE GRANULES PACKET
PROFILNINE	FACTOR IX COMPLEX FOR INJ
PROMACTA	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP, TAB
PULMOZYME	DORNASE ALFA INHAL SOLN
PURIXAN	MERCAPTOPYRINE SUSP
PYRUKYND	MITAPIVAT SULFATE TAB
QINLOCK	RIPRETINIB TAB
RADICAVA ORS	EDARAVONE ORAL SUSP
RAVICTI	GLYCEROL PHENYLBUTYRATE LIQUID
REBIF, REBIF REBIDOSE	INTERFERON BETA-1A SOLN PREF SYR, SOLN AUTO-INJ
REBINYN	COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ
REBLOZYL	LUSPATERCEPT-AAMT FOR SUBCUTANEOUS INJ
RECOMBINATE	ANTIHEMOPHILIC FACTOR (RECOMBINANT) FOR INJ
RECORLEV	LEVOKETOCONAZOLE TAB
RELEUKO	FILGRASTIM-AYOW INJ SOLN, SOLN PREFILLED SYRINGE
RELYVRIO	SODIUM PHENYLBUTYRATE-TAURURSODIOL POWD PACK
RETACRIT	EPOETIN ALFA-EPBX INJ
RETEVMO	SELPERCATINIB CAP
REVATIO	SILDENAFIL CITRATE FOR SUSPENSION, TAB (PAH)
REVCovi	ELAPEGADEMASE-LVLR IM SOLN
REVLIMID	LENALIDOMIDE CAP
REZLIDHIA	OLUTASIDENIB CAP
REZUROCK	BELUMOSUDIL MESYLATE TAB
RIASTAP	FIBRINOGEN CONC (HUMAN) INJ
RIBAVIRIN	RIBAVIRIN CAP, TAB
RILUZOLE	RILUZOLE TAB
RINVOQ	UPADACITINIB TAB ER 24HR
RIXUBIS	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ
ROLVEDON	EFLAPEGRASTIM-XNST SOLN PREFILLED SYRINGE
ROZLYTREK	ENTRECTINIB CAP
RUBRACA	RUCAPARIB CAMSYLATE TAB
RUCONEST	C1 ESTERASE INHIBITOR (RECOMBINANT) FOR IV INJ
RUZURGI	AMIFAMPRIDINE TAB
RYDAPT	MIDOSTAURIN CAP
SABRIL	VIGABATRIN POWD PACK, VIGABATRIN TAB

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DRUG NAME(S)	GENERIC NAME
SAIZEN	SOMATROPIN (NON-REFRIGERATED) FOR INJ
SAJAZIR	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR
SAMSCA	TOLVAPTAN TAB
SANDOSTATIN, SANDOSTATIN LAR DEPOT	OCTREOTIDE ACETATE INJ, OCTREOTIDE ACETATE FOR IM INJ KIT
SAPROPTERIN	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET, TAB
SCEMBLIX	ASCIMINIB HCL TAB
SENSIPAR	CINACALCET HCL TAB
SEROSTIM	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ
SEVENFACT	COAGULATION FACTOR VIIA (RECOM)-JNCW FOR INJ
SIGNIFOR	PASIREOTIDE DIASPARTATE INJ
SIGNIFOR LAR	PASIREOTIDE PAMOATE FOR IM ER SUSP
SIKLOS	HYDROXYUREA TAB
SILDENAFIL	SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML, TAB 20 MG (PAH)
SILIQ	BRODALUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE
SIMPONI	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR, SOLN PREFILLED SYRINGE
SIRTURO	BEDAQUILINE FUMARATE TAB
SKYCLARYS	OMAVELOXOLONE CAP
SKYRIZI, SKYRIZI PEN	RISANKIZUMAB-RZAA SOL AUTO-INJECTOR, PREFILLED SYRINGE, SUBCUTANEOUS SOLN CARTRIDGE
SKYTROFA	LONAPEGSSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE
SODIUM PHENYLBUTYRATE	SODIUM PHENYLBUTYRATE ORAL POWDER, TAB
SOFOSBUVIR/VELPATASVIR	SOFOSBUVIR-VELPATASVIR TAB
SOGROYA	SOMAPACITAN-BECO SOLUTION PEN-INJECTOR
SOHONOS	PALOVAROTENE CAP
SOMATULINE DEPOT	LANREOTIDE ACETATE EXTENDED RELEASE INJ
SOMAVERT	PEGVISOMANT FOR INJ
SORAFENIB	SORAFENIB TOSYLATE TAB
SOTYKTU	DEUCRAVACITINIB TAB
SOVALDI	SOFOSBUVIR PELLETT PACK, TAB
SPRYCEL	DASATINIB TAB
STELARA	USTEKINUMAB SOLN PREFILLED SYRINGE
STIVARGA	REGORAFENIB TAB
STRENSIQ	ASFOTASE ALFA SUBCUTANEOUS INJ
SUCRAID	SACROSIDASE SOLN
SUNITINIB MALATE	SUNITINIB MALATE CAP
SUNLENCA	LENACAPAVIR SODIUM SUBCUTANEOUS SOLN, TAB THERAPY PACK
SUTENT	SUNITINIB MALATE CAP
SYMDEKO	TEZACAFTOR-IVACAFTOR TAB TBPK
SYNAREL	NAFARELIN ACETATE NASAL SOLN
SYPRINE	TRIENTINE HCL CAP
TABLOID	THIOGUANINE TAB
TABRECTA	CAPMATINIB HCL TAB
TADALAFIL	TADALAFIL TAB 20 MG (PAH)
TADLIQ	TADALAFIL ORAL SUSP (PAH)
TAFINLAR	DABRAFENIB MESYLATE CAP
TAGRISSO	OSIMERTINIB MESYLATE TAB
TAKHZYRO	LANADELUMAB-FLYO INJ, SOLN PREF SYRINGE
TALTZ	IXEKIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR, SOLN PREFILLED SYRINGE
TALZENNA	TALAZOPARIB TOSYLATE CAP
TARCEVA	ERLOTINIB HCL TAB
TARGRETIN	BEXAROTENE CAP, GEL 1%
TASCENSO ODT	FINGOLIMOD LAURYL SULFATE TABLET DISINTEGRATING
TASIGNA	NILOTINIB HCL CAP

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

DRUG NAME(S)	GENERIC NAME
TASIMELTEON	TASIMELTEON CAP
TAVALISSE	FOSTAMATINIB DISODIUM TAB
TAVNEOS	AVACOPAN CAP
TAZVERIK	TAZEMETOSTAT HBR TAB
TECFIDERA	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE
TEGLUTIK	RILUZOLE SUSP
TEGSEDI	INOTERSEN SOD SUBCUTANEOUS PREF SYR
TEMODAR	TEMOZOLOMIDE CAP
TEMOZOLOMIDE	TEMOZOLOMIDE CAP
TEPMETKO	TEPOTINIB HCL TAB
TERIFLUNOMIDE	TERIFLUNOMIDE TAB
TERIPARATIDE	TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ
TETRABENAZINE	TETRABENAZINE TAB
TEZSPIRE	TEZEPelumAB-EKKO SUBCUTANEOUS SOLN PREF SYR
THALOMID	THALIDOMIDE CAP
THROMBATE III	ANTITHROMBIN III (HUMAN) FOR INJ
TIBSOVO	IVOSIDENIB TAB
TIGLUTIK	RILUZOLE SUSP
TOBI	TOBRAMYCIN NEBU SOLN
TOBI PODHALER	TOBRAMYCIN INHAL CAP
TOBRAMYCIN	TOBRAMYCIN NEBU SOLN
TOLVAPTAN	TOLVAPTAN TAB
TOREMIFENE	TOREMIFENE CITRATE TAB
TRACLEER	BOSENTAN TAB, TAB FOR ORAL SUSP
TRELSTAR MIXJECT	TRIPTORELIN PAMOATE FOR IM SUSP
TREMFYA	GUSELKUMAB SOLN PEN-INJECTOR, PREFILLED SYRINGE
TRETINOIN	TRETINOIN CAP 10 MG
TRETEN	COAGULATION FACTOR XIII A-SUBUNIT FOR INJ
TRIENTINE	TRIENTINE HCL CAP
TRIKAFTA	ELEXACAF-TEZACAF-IVACAF TBPK, GRAN
TRUSELTIQ	INFIGRATINIB PHOS CAP PACK, CAP THER PACK
TUKYSA	TUCATINIB TAB
TRUQAP	CAPIVASERTIB TAB
TURALIO	PEXIDARTINIB HCL CAP
TYKERB	LAPATINIB DITOSYLATE TAB
TYMLOS	ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR
TYVASO	TREPROSTINIL INH POWDER CARTRIDGE, INHALATION SOLUTION, DPI INSTITUTIONAL KIT
UKONIQ	UMBRALISIB TOSYLATE TAB
UPTRAVI	SELEXIPAG TAB, THERAPY PACK
VALCHLOR	MECHLORETHAMINE HCL GEL
VANFLYTA	QUIZARTINIB DIHYDROCHLORIDE TAB
VECAMYL	MECAMYLAMINE HCL TAB
VELSIPITY	ETRASIMOD TAB
VENCLEXTA	VENETOCLAX TAB
VENTAVIS	ILOPROST INHALATION SOLUTION
VERZENIO	ABEMACICLIB TAB
VIEKIRA PAK	OMBITAS-PARITAPRE-RITON & DASAB TAB PAK
VIGABATRIN	VIGABATRIN POWD PACK, TAB
VIGADRONE	VIGABATRIN POWD PACK , TAB
VIJOICE	ALPELISIB (PROS) PAK, TAB THERAPY PACK
VISTOGARD	URIDINE TRIACETATE ORAL GRANULES PACKET
VITRAKVI	LAROTRECTINIB SULFATE CAP, ORAL SOLN
VIZIMPRO	DACOMITINIB TAB

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

DRUG NAME(S)	GENERIC NAME
VONJO	PACRITINIB CITRATE CAP
VONVENDI	VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ
VOSEVI	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR TAB
VOTRIENT	PAZOPANIB HCL TAB
VOWST	FECAL MICROBIOTA SPORES, LIVE-BRPK CAPS
VOXZOGO	VOSORITIDE FOR SUBCUTANEOUS INJ
VUMERITY	DIROXIMEL FUMARATE CAPSULE DELAYED RELEASE
VYJUVEK	BEREMAGENE GEPERPAVEC-SVDT GEL
VYLEESI	BREMELANOTIDE ACET SUBCUTANEOUS SOLN AUTO-INJ
VYNDAMAX	TAFAMIDIS CAP
VYNDAQEL	TAFAMIDIS MEGLUMINE (CARDIAC) CAP
WAINUA	EPLONTERSEN SODIUM SUBCUTANEOUS SOLN AUTO-INJ
WAKIX	PITOLISANT HCL TAB
WELIREG	BELZUTIFAN TAB
WILATE	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ KIT
XALKORI	CRIZOTINIB CAP
XELJANZ, XELJANZ XR	TOFACITINIB CITRATE ORAL SOLN, TAB, TAB ER 24HR
XELODA	CAPECITABINE TAB
XENAZINE	TETRABENAZINE TAB
XENLETA	LEFAMULIN ACETATE TAB
XERMELO	TELOTRIPTAT ETHYL TAB
XOLAIR	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE, SUBCUTANEOUS SOLN AUTO-INJECTOR
XOSPATA	GILTERITINIB FUMARATE TABLET
XPOVIO	SELINEXOR TAB THERAPY PACK
XTANDI	ENZALUTAMIDE CAP, TAB
XURIDEN	URIDINE TRIACETATE ORAL GRANULES PACKET
XYNTHA, XYNTHA SOLOFUSE	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR) FOR INJ KIT
XYREM	SODIUM OXYBATE ORAL SOLUTION
XYWAV	CALCIUM, MAG, POTASSIUM, & SOD OXYBATES ORAL SOLN
YARGESA	MIGLUSTAT CAP
YONSA	ABIRATERONE ACETATE MICRONIZED TAB
YUFLYMA	ADALIMUMAB-AATY AUTO-INJECTOR KIT, PREFILLED SYRINGE KIT
YUSIMRY	ADALIMUMAB-AQVH SOLN PEN-INJECTOR
ZARXIO	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE
ZAVESCA	MIGLUSTAT CAP
ZEJULA	NIRAPARIB TOSYLATE CAP, TAB
ZELBORAF	VEMURAFENIB TAB
ZEPATIER	ELBASVIR-GRAZOPREVIR TAB
ZEPOSIA	OZANIMOD HCL CAP
ZILBRYSQ	ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR
ZOKINVY	LONAFARNIB CAP
ZOLINZA	VORINOSTAT CAP
ZOMACTON	SOMATROPIN FOR INJ
ZORBTIVE	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ
ZTALMY	GANAXOLONE SUSP
ZYDELIG	IDELALISIB TAB
ZYKADIA	CERITINIB TAB 150 MG
ZYTIGA	ABIRATERONE ACETATE TAB



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, gender identity, sexual orientation 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, gender identity, sexual orientation 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:
 - 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 1-844-363-8457 (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, gender identity, sexual orientation 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) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email within 180 days of the date of the alleged discrimination. Grievance forms are available at <http://www.bcbsnd.com/report> or by calling 1-844-363-8457. 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 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-363-8457 (TTY: 1-800-366-6888 oder 711).

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 1-844-363-8457 (TTY: 1-800-366-6888 或 711)。

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-363-8457 (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 1-844-363-8457 (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu – Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-844-363-8457 (TTY: 1-800-366-6888 canke 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-363-8457 (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 1-844-363-8457 (TTY: 1-800-366-6888 au 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-363-8457 (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。1-844-363-8457 (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 1-844-363-8457 (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 1-844-363-8457 (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-363-8457 (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 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-844-363-8457 (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, kójj' hódííłnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)