

Coverage for Specialty Medications

The Specialty Drug Management List is a list of medications that our plans identify as being a specialty medication. Specialty medications are often prescribed to treat complex and/or chronic conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. These medications may have special handling and/or storage needs. Coverage for specialty medications that are FDA approved for *self-administration* are often provided through your *pharmacy* benefit plan. Specialty medications that are FDA approved for administration by a health care professional are often covered under your *medical* benefit plan. Some medications on the Specialty Drug Management List may be covered by either the pharmacy or medical benefit. So, these medications will appear under both the pharmacy and medical sections. The Specialty Drug Management List is not all inclusive and is subject to change. The listing of the drug on this list does not guarantee coverage. If you have any questions, call the number on your member ID card.

Drugs Covered Under Your Pharmacy Benefits:

Please note: You may need approval before these drugs can be considered for coverage. Your doctor can find request forms at bcbsnm.com/provider. Your doctor can also call the number on your ID card with any questions about your benefits. Based on the terms of your benefit plan, you may need to fill these prescriptions at an in-network specialty pharmacy to get the most out of your benefits. Call the number on your member ID card to help locate an in-network specialty pharmacy near you. BCBSNM members who use oral oncology or hemophilia specialty drugs may have other in-network specialty pharmacy options.

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
ABIRATERONE ACETATE	CANCER-ORAL	OR
ACTEMRA	AUTOIMMUNE	SC
ACTEMRA ACTPEN	AUTOIMMUNE	SC
ACTHAR	ENDOCRINE	IJ
ACTIMMUNE	LUNG DISORDERS	SC
ADCIRCA	PULMONARY HYPERTENSION	OR
ADEMPAS	PULMONARY HYPERTENSION	OR
ADVATE	HEMOPHILIA	IV
ADYNOVATE	HEMOPHILIA	IV
AFINITOR	CANCER-ORAL	OR
AFINITOR DISPERZ	CANCER-ORAL	OR
AFSTYLA	HEMOPHILIA	IV
ALECENSA	CANCER-ORAL	OR
ALKERAN	CANCER-ORAL	OR
ALKINDI SPRINKLE	CORTICOSTEROIDS	OR
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	HEMOPHILIA	IV
ALPHANINE SD	HEMOPHILIA	IV
ALPROLIX	HEMOPHILIA	IV
ALUNBRIG	CANCER-ORAL	OR
ALYQ	PULMONARY HYPERTENSION	OR
AMBRISENTAN	PULMONARY HYPERTENSION	OR
AMPYRA	MULTIPLE SCLEROSIS	OR
APOKYN	PARKINSON	SC
ARANESP ALBUMIN FREE	BLOOD MODIFIERS	IJ
ARCALYST	AUTOIMMUNE	SC
ARIKAYCE	CYSTIC FIBROSIS	IN
AUBAGIO	MULTIPLE SCLEROSIS	OR
AUSTEDO	OTHER NON-CATEGORIZED	OR
AVONEX	MULTIPLE SCLEROSIS	IM
AVONEX PEN	MULTIPLE SCLEROSIS	IM
AYVAKIT	CANCER-ORAL	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

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BAFIERTAM	MULTIPLE SCLEROSIS	OR
BALVERSA	CANCER-ORAL	OR
BENEFIX	HEMOPHILIA	IV
BENLYSTA	AUTOIMMUNE	SC
BERINERT	HEMATOLOGICAL	IV
BETASERON	MULTIPLE SCLEROSIS	SC
BETHKIS	CYSTIC FIBROSIS	IN
BEXAROTENE	CANCER-ORAL	OR
BOSENTAN	PULMONARY HYPERTENSION	OR
BOSULIF	CANCER-ORAL	OR
BRAFTOVI	CANCER-ORAL	OR
BRAVELLE	FERTILITY & PREGNANCY	IJ
BRONCHITOL	CYSTIC FIBROSIS	IN
BRONCHITOL TOLERANCE TEST	CYSTIC FIBROSIS	IN
BRUKINSA	CANCER-ORAL	OR
BUPHENYL	ENZYME DEFICIENCIES	OR
BYNFEZIA PEN	ENDOCRINE	SC
CABLIVI	BLOOD MODIFIERS	IJ
CABOMETYX	CANCER-ORAL	OR
CALQUENCE	CANCER-ORAL	OR
CAPECITABINE	CANCER-ORAL	OR
CAPRELSA	CANCER-ORAL	OR
CARBAGLU	ENZYME DEFICIENCIES	OR
CASODEX	CANCER-ORAL	OR
CAYSTON	CYSTIC FIBROSIS	IN
CERDELGA	ENZYME DEFICIENCIES	OR
CETROTIDE	FERTILITY & PREGNANCY	SC
CHENODAL	GASTROINTESTINAL	OR
CHOLBAM	GASTROINTESTINAL	OR
CHORIONIC GONADOTROPIN	FERTILITY & PREGNANCY	IM
CIMZIA	AUTOIMMUNE	SC
CIMZIA STARTER KIT	AUTOIMMUNE	SC
CLOVIQUE	OTHER NON-CATEGORIZED	OR
COAGADEX	HEMOPHILIA	IV
COAGADEX	HEMOPHILIA	IV
COMETRIQ	CANCER-ORAL	OR
COPAXONE	MULTIPLE SCLEROSIS	SC
COPIKTRA	CANCER-ORAL	OR
CORIFACT	HEMOPHILIA	IV
COSENTYX	AUTOIMMUNE	SC
COSENTYX SENSOREADY PEN	AUTOIMMUNE	SC

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COTELLIC	CANCER-ORAL	OR
CUPRIMINE	OTHER NON-CATEGORIZED	OR
CYSTADROPS	OPHTHALMIC	OP
CYSTAGON	OTHER NON-CATEGORIZED	OR
CYSTARAN	OPHTHALMIC	OP
DAKLINZA	HEPATITIS C	OR
DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	OR
DAURISMO	CANCER-ORAL	OR
DEFERASIROX	OTHER NON-CATEGORIZED	OR
DEFERIPRONE	OTHER NON-CATEGORIZED	OR
DEPEN TITRATABS	OTHER NON-CATEGORIZED	OR
DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	OR
DIMETHYL FUMARATE STARTERPACK	MULTIPLE SCLEROSIS	OR
DOJOLVI	VITAMINS & SUPPLEMENTS	OR
DOPTELET	BLOOD MODIFIERS	OR
DUPIXENT	AUTOIMMUNE	SC
EGRIFTA	HIV	SC
EGRIFTA SV	HIV	SC
ELIGARD	OTHER NON-CATEGORIZED	SC
ELOCTATE	HEMOPHILIA	IV
EMCYT	CANCER-ORAL	OR
EMFLAZA	CORTICOSTEROIDS	OR
ENBREL	AUTOIMMUNE	SC
ENBREL MINI	AUTOIMMUNE	SC
ENBREL SURECLICK	AUTOIMMUNE	SC
ENDARI	BLOOD MODIFIERS	OR
ENSPRYNG	IMMUNOSUPPRESSANTS	SC
EPCLUSA	HEPATITIS C	OR
EPOGEN	BLOOD MODIFIERS	IJ
ERIVEDGE	CANCER-ORAL	OR
ERLEADA	CANCER-ORAL	OR
ERLOTINIB HYDROCHLORIDE	CANCER-ORAL	OR
ESBRIET	LUNG DISORDERS	OR
ESPEROCT	HEMOPHILIA	IV
ETOPOSIDE	CANCER-ORAL	OR
EVEROLIMUS	CANCER-ORAL	OR
EVRYSDI	OTHER NON-CATEGORIZED	OR
EXJADE	OTHER NON-CATEGORIZED	OR
EXTAVIA	MULTIPLE SCLEROSIS	SC
FARESTON	CANCER-ORAL	OR
FARYDAK	CANCER-ORAL	OR

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FASENRA PEN	LUNG DISORDERS	SC
FEIBA	HEMOPHILIA	IV
FERRIPROX	OTHER NON-CATEGORIZED	OR
FERRIPROX TWICE-A-DAY	OTHER NON-CATEGORIZED	OR
FIRAZYR	HEMATOLOGICAL	SC
FIRDAPSE	AUTOIMMUNE	OR
FOLLISTIM AQ	FERTILITY & PREGNANCY	SC
FORTEO	BONE DENSITY	SC
FULPHILA	BLOOD MODIFIERS	SC
GALAFOLD	ENZYME DEFICIENCIES	OR
GANIRELIX ACETATE	FERTILITY & PREGNANCY	SC
GATTEX	GASTROINTESTINAL	SC
GAVRETO	CANCER-ORAL	OR
GENOTROPIN	GROWTH HORMONES	SC
GENOTROPIN MINIQUICK	GROWTH HORMONES	SC
GILENYA	MULTIPLE SCLEROSIS	OR
GILOTRIF	CANCER-ORAL	OR
GLASSIA	LUNG DISORDERS	IV
GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	SC
GLATOPA	MULTIPLE SCLEROSIS	SC
GLEEVEC	CANCER-ORAL	OR
GLEOSTINE	CANCER-ORAL	OR
GOCOVRI	PARKINSON	OR
GONAL-F	FERTILITY & PREGNANCY	IJ
GONAL-F RFF	FERTILITY & PREGNANCY	SC
GONAL-F RFF REDIJECT	FERTILITY & PREGNANCY	SC
GRANIX	BLOOD MODIFIERS	SC
HAEGARDA	HEMATOLOGICAL	SC
HARVONI	HEPATITIS C	OR
HELIXATE FS	HEMOPHILIA	IV
HEMLIBRA	HEMOPHILIA	SC
HEMOFIL M	HEMOPHILIA	IV
HUMATE-P	HEMOPHILIA	IV
HUMATROPE	GROWTH HORMONES	IJ
HUMATROPE COMBO PACK	GROWTH HORMONES	IJ
HUMIRA	AUTOIMMUNE	SC
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	AUTOIMMUNE	SC
HUMIRA PEN	AUTOIMMUNE	SC
HUMIRA PEN-CD/UC/HS STARTER	AUTOIMMUNE	SC
HUMIRA PEN-PEDIATRIC UC STARTER PACK	AUTOIMMUNE	SC
HUMIRA PEN-PS/UV STARTER	AUTOIMMUNE	SC

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HYCAMTIN	CANCER-ORAL	OR
IBRANCE	CANCER-ORAL	OR
ICATIBANT ACETATE	HEMATOLOGICAL	SC
ICLUSIG	CANCER-ORAL	OR
IDELVION	HEMOPHILIA	IV
IDHIFA	CANCER-ORAL	OR
IMATINIB MESYLATE	CANCER-ORAL	OR
IMBRUVICA	CANCER-ORAL	OR
IMCIVREE	LIFESTYLE	SC
INBRIJA	PARKINSON	IN
INCRELEX	GROWTH HORMONES	SC
INGREZZA	OTHER NON-CATEGORIZED	OR
INLYTA	CANCER-ORAL	OR
INQOVI	CANCER-ORAL	OR
INREBIC	CANCER-ORAL	OR
INTRON A	HEPATITIS C	IJ
IRESSA	CANCER-ORAL	OR
ISTURISA	ENDOCRINE	OR
IXINITY	HEMOPHILIA	IV
JADENU	OTHER NON-CATEGORIZED	OR
JADENU SPRINKLE	OTHER NON-CATEGORIZED	OR
JAKAFI	CANCER-ORAL	OR
JIVI	HEMOPHILIA	IV
JUXTAPID	ANTIHYPERTENSIVE	OR
JYNARQUE	ENDOCRINE	OR
KALYDECO	CYSTIC FIBROSIS	OR
KESIMPTA	MULTIPLE SCLEROSIS	SC
KEVZARA	AUTOIMMUNE	SC
KINERET	AUTOIMMUNE	SC
KISQALI	CANCER-ORAL	OR
KISQALI FEMARA	CANCER-ORAL	OR
KITABIS PAK	CYSTIC FIBROSIS	IN
KOATE	HEMOPHILIA	IV
KOATE-DVI	HEMOPHILIA	IV
KOGENATE FS	HEMOPHILIA	IV
KORLYM	OTHER NON-CATEGORIZED	OR
KOSELUGO	CANCER-ORAL	OR
KOVALTRY	HEMOPHILIA	IV
KUVAN	ENZYME DEFICIENCIES	OR
LAPATINIB DITOSYLATE	CANCER-ORAL	OR
LEDIPASVIR/SOFOSBUVIR	HEPATITIS C	OR

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LENVIMA	CANCER-ORAL	OR
LETAIRIS	PULMONARY HYPERTENSION	OR
LEUKERAN	CANCER-ORAL	OR
LEUKINE	BLOOD MODIFIERS	IJ
LEUPROLIDE ACETATE	OTHER NON-CATEGORIZED	IJ
LONSURF	CANCER-ORAL	OR
LORBRENA	CANCER-ORAL	OR
LUPKYNIS	IMMUNOSUPPRESSANTS	OR
LYNPARZA	CANCER-ORAL	OR
LYSODREN	CANCER-ORAL	OR
MATULANE	CANCER-ORAL	OR
MAVENCLAD	MULTIPLE SCLEROSIS	OR
MAVYRET	HEPATITIS C	OR
MAYZENT	MULTIPLE SCLEROSIS	OR
MAYZENT STARTER PACK	MULTIPLE SCLEROSIS	OR
MEKINIST	CANCER-ORAL	OR
MEKTOVI	CANCER-ORAL	OR
MELPHALAN	CANCER-ORAL	OR
MENOPUR	FERTILITY & PREGNANCY	SC
MIGLUSTAT	ENZYME DEFICIENCIES	OR
MODERIBA	HEPATITIS C	OR
MODERIBA 1200 DOSE PACK	HEPATITIS C	OR
MONOCLATE-P	HEMOPHILIA	IV
MONONINE	HEMOPHILIA	IV
MULPLETA	BLOOD MODIFIERS	OR
MYALEPT	ENZYME DEFICIENCIES	SC
MYCAPSSA	ENDOCRINE	OR
MYLERAN	CANCER-ORAL	OR
NATPARA	BONE DENSITY	SC
NERLYNX	CANCER-ORAL	OR
NEULASTA	BLOOD MODIFIERS	SC
NEULASTA ONPRO KIT	BLOOD MODIFIERS	SC
NEUPOGEN	BLOOD MODIFIERS	IJ
NEXAVAR	CANCER-ORAL	OR
NILANDRON	CANCER-ORAL	OR
NILUTAMIDE	CANCER-ORAL	OR
NINLARO	CANCER-ORAL	OR
NITISINONE	ENZYME DEFICIENCIES	OR
NITYR	ENZYME DEFICIENCIES	OR
NIVESTYM	BLOOD MODIFIERS	IJ
NORDITROPIN FLEXPPO	GROWTH HORMONES	SC

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NOURIANZ	PARKINSON	OR
NOVAREL	FERTILITY & PREGNANCY	IM
NOVOEIGHT	HEMOPHILIA	IV
NOVOSEVEN RT	HEMOPHILIA	IV
NUBEQA	CANCER-ORAL	OR
NUCALA	LUNG DISORDERS	SC
NUTROPIN AQ NUSPIN	GROWTH HORMONES	SC
NUWIQ	HEMOPHILIA	IV
NYVEPRIA	BLOOD MODIFIERS	SC
OBIZUR	HEMOPHILIA	IV
OCALIVA	GASTROINTESTINAL	OR
OCTREOTIDE ACETATE	ENDOCRINE	IJ
ODOMZO	CANCER-ORAL	OR
OFEV	LUNG DISORDERS	OR
OLUMIANT	AUTOIMMUNE	OR
OMNITROPE	GROWTH HORMONES	SC
ONUREG	CANCER-ORAL	OR
OPSUMIT	PULMONARY HYPERTENSION	OR
ORENCIA	AUTOIMMUNE	SC
ORENCIA CLICKJECT	AUTOIMMUNE	SC
ORENITRAM	PULMONARY HYPERTENSION	OR
ORFADIN	ENZYME DEFICIENCIES	OR
ORGOVYX	CANCER-ORAL	OR
ORKAMBI	CYSTIC FIBROSIS	OR
ORLADEYO	HEMATOLOGICAL	OR
OTEZLA	AUTOIMMUNE	OR
OVIDREL	FERTILITY & PREGNANCY	SC
OXBRYTA	BLOOD MODIFIERS	OR
OXERVATE	OPHTHALMIC	OP
PALFORZIA	OTHER NON-CATEGORIZED	OR
PALYNZIQ	ENZYME DEFICIENCIES	SC
PEGASYS	HEPATITIS C	SC
PEGASYS PROCLICK	HEPATITIS C	SC
PEGINTRON	HEPATITIS C	SC
PEMAZYRE	CANCER-ORAL	OR
PENICILLAMINE	OTHER NON-CATEGORIZED	OR
PIQRAY	CANCER-ORAL	OR
PLEGRIDY	MULTIPLE SCLEROSIS	SC
PLEGRIDY	MULTIPLE SCLEROSIS	IM
PLEGRIDY STARTER PACK	MULTIPLE SCLEROSIS	SC
POMALYST	CANCER-ORAL	OR

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PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	FERTILITY & PREGNANCY	IM
PROCRIT	BLOOD MODIFIERS	IJ
PROCYSBI	OTHER NON-CATEGORIZED	OR
PROFILNINE	HEMOPHILIA	IV
PROFILNINE SD	HEMOPHILIA	IV
PROMACTA	BLOOD MODIFIERS	OR
PULMOZYME	CYSTIC FIBROSIS	IN
PURIXAN	CANCER-ORAL	OR
QINLOCK	CANCER-ORAL	OR
RAVICTI	ENZYME DEFICIENCIES	OR
REBETOL	HEPATITIS C	OR
REBIF	MULTIPLE SCLEROSIS	SC
REBIF REBIDOSE	MULTIPLE SCLEROSIS	SC
REBIF REBIDOSE TITRATION PACK	MULTIPLE SCLEROSIS	SC
REBIF TITRATION PACK	MULTIPLE SCLEROSIS	SC
REBINYN	HEMOPHILIA	IV
RECOMBINATE	HEMOPHILIA	IV
RETACRIT	BLOOD MODIFIERS	IJ
RETEVMO	CANCER-ORAL	OR
REVATIO	PULMONARY HYPERTENSION	OR
REVLIMID	CANCER-ORAL	OR
RIBASPHERE	HEPATITIS C	OR
RIBASPHERE RIBAPAK	HEPATITIS C	OR
RIBAVIRIN	HEPATITIS C	OR
RINVOQ	AUTOIMMUNE	OR
RIXUBIS	HEMOPHILIA	IV
ROZLYTREK	CANCER-ORAL	OR
RUBRACA	CANCER-ORAL	OR
RUCONEST	HEMATOLOGICAL	IV
RUZURGI	AUTOIMMUNE	OR
RYDAPT	CANCER-ORAL	OR
SAIZEN	GROWTH HORMONES	IJ
SAIZENPREP RECONSTITUTIONKIT	GROWTH HORMONES	IJ
SAMSCA	ENDOCRINE	OR
SANDOSTATIN	ENDOCRINE	IJ
SAPROPTERIN DIHYDROCHLORIDE	ENZYME DEFICIENCIES	OR
SEROSTIM	GROWTH HORMONES	SC
SEVENFACT	HEMOPHILIA	IV
SIGNIFOR	ENDOCRINE	SC
SILDENAFIL CITRATE	PULMONARY HYPERTENSION	OR
SILIQ	AUTOIMMUNE	SC

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SIMPONI	AUTOIMMUNE	SC
SKYRIZI	AUTOIMMUNE	SC
SODIUM PHENYL BUTYRATE	ENZYME DEFICIENCIES	OR
SOFOSBUVIR/VELPATASVIR	HEPATITIS C	OR
SOMAVERT	ENDOCRINE	SC
SOVALDI	HEPATITIS C	OR
SPRYCEL	CANCER-ORAL	OR
STELARA	AUTOIMMUNE	SC
STIVARGA	CANCER-ORAL	OR
STRENSIQ	ENZYME DEFICIENCIES	SC
SUCRAID	ENZYME DEFICIENCIES	OR
SUTENT	CANCER-ORAL	OR
SYLATRON	CANCER	SC
SYMDEKO	CYSTIC FIBROSIS	OR
SYNAGIS	LUNG DISORDERS	IM
SYPRINE	OTHER NON-CATEGORIZED	OR
TABLOID	CANCER-ORAL	OR
TABRECTA	CANCER-ORAL	OR
TADALAFIL	PULMONARY HYPERTENSION	OR
TAFINLAR	CANCER-ORAL	OR
TAGRISSO	CANCER-ORAL	OR
TAKHZYRO	HEMATOLOGICAL	SC
TALTZ	AUTOIMMUNE	SC
TALZENNA	CANCER-ORAL	OR
TARCEVA	CANCER-ORAL	OR
TARGRETIN	CANCER	EX
TARGRETIN	CANCER-ORAL	OR
TASIGNA	CANCER-ORAL	OR
TAZVERIK	CANCER-ORAL	OR
TECFIDERA	MULTIPLE SCLEROSIS	OR
TECFIDERA STARTER PACK	MULTIPLE SCLEROSIS	OR
TEGSEDI	OTHER NON-CATEGORIZED	SC
TEMODAR	CANCER-ORAL	OR
TEMOZOLOMIDE	CANCER-ORAL	OR
TERIPARATIDE	BONE DENSITY	SC
TETRABENAZINE	OTHER NON-CATEGORIZED	OR
THALOMID	CANCER-ORAL	OR
TIBSOVO	CANCER-ORAL	OR
TOBI	CYSTIC FIBROSIS	IN
TOBI PODHALER	CYSTIC FIBROSIS	IN
TOBRAMYCIN	CYSTIC FIBROSIS	IN

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Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
TOLVAPTAN	ENDOCRINE	OR
TOREMIFENE CITRATE	CANCER-ORAL	OR
TRACLEER	PULMONARY HYPERTENSION	OR
TREMFYA	AUTOIMMUNE	SC
TRETINOIN	CANCER-ORAL	OR
TRETTEN	HEMOPHILIA	IV
TRIENTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	OR
TRIKAFTA	CYSTIC FIBROSIS	OR
TUKYSA	CANCER-ORAL	OR
TURALIO	CANCER-ORAL	OR
TYKERB	CANCER-ORAL	OR
TYMLOS	BONE DENSITY	SC
TYVASO	PULMONARY HYPERTENSION	IN
TYVASO REFILL	PULMONARY HYPERTENSION	IN
TYVASO STARTER	PULMONARY HYPERTENSION	IN
UDENYCA	BLOOD MODIFIERS	SC
UPTRAVI	PULMONARY HYPERTENSION	OR
VALCHLOR	CANCER	EX
VENCLEXTA	CANCER-ORAL	OR
VENCLEXTA STARTING PACK	CANCER-ORAL	OR
VENTAVIS	PULMONARY HYPERTENSION	IN
VERZENIO	CANCER-ORAL	OR
VIEKIRA PAK	HEPATITIS C	OR
VISTOGARD	OTHER NON-CATEGORIZED	OR
VITRAKVI	CANCER-ORAL	OR
VITRAKVI	CANCER-ORAL	OR
VIZIMPRO	CANCER-ORAL	OR
VOSEVI	HEPATITIS C	OR
VOTRIENT	CANCER-ORAL	OR
VUMERITY	MULTIPLE SCLEROSIS	OR
VYNDAMAX	OTHER NON-CATEGORIZED	OR
VYNDAQEL	OTHER NON-CATEGORIZED	OR
WAKIX	SLEEP DISORDERS	OR
WILATE	HEMOPHILIA	IV
XALKORI	CANCER-ORAL	OR
XELJANZ	AUTOIMMUNE	OR
XELJANZ XR	AUTOIMMUNE	OR
XELODA	CANCER-ORAL	OR
XENAZINE	OTHER NON-CATEGORIZED	OR
XERMELO	GASTROINTESTINAL	OR
XOSPATA	CANCER-ORAL	OR

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Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
XPOVIO	CANCER-ORAL	OR
XTANDI	CANCER-ORAL	OR
XURIDEN	ENDOCRINE	OR
XYNTHA	HEMOPHILIA	IV
XYNTHA SOLOFUSE	HEMOPHILIA	IV
XYREM	SLEEP DISORDERS	OR
XYWAV	SLEEP DISORDERS	OR
YONSA	CANCER-ORAL	OR
ZARXIO	BLOOD MODIFIERS	IJ
ZAVESCA	ENZYME DEFICIENCIES	OR
ZEJULA	CANCER-ORAL	OR
ZELBORAF	CANCER-ORAL	OR
ZEPATIER	HEPATITIS C	OR
ZEPOSIA	MULTIPLE SCLEROSIS	OR
ZEPOSIA 7-DAY STARTER PACK	MULTIPLE SCLEROSIS	OR
ZEPOSIA STARTER KIT	MULTIPLE SCLEROSIS	OR
ZIEXTENZO	BLOOD MODIFIERS	SC
ZOKINVY	CANCER-ORAL	OR
ZOLINZA	CANCER-ORAL	OR
ZOMACTON	GROWTH HORMONES	SC
ZORBTIVE	GROWTH HORMONES	SC
ZYDELIG	CANCER-ORAL	OR
ZYKADIA	CANCER-ORAL	OR
ZYTIGA	CANCER-ORAL	OR

Drugs Covered Under Your Medical Benefit:

Please note: Your plan benefits may have a prior authorization and/or added requirements that may need to be met before a drug can be considered for coverage. Your doctor can find request forms at bcbsnm.com/provider. Your doctor can also call the number on your ID card with any questions about your benefits. To get the most out of your benefits, you should check if the pharmacy or provider used is in-network. You can call the number on your ID card for help.

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
ACTEMRA	AUTOIMMUNE	IV
ADAKVEO	BLOOD MODIFIERS	IV
ALDURAZYME	ENZYME DEFICIENCIES	IV
ALFERON N	OTHER NON-CATEGORIZED	IJ
ARALAST NP	LUNG DISORDERS	IV
ARANESP ALBUMIN FREE	BLOOD MODIFIERS	IJ
ASCENIV	IMMUNE GLOBULINS	IV
AVSOLA	AUTOIMMUNE	IV
BENLYSTA	AUTOIMMUNE	IV
BEOVU	OPHTHALMIC	IZ
BIVIGAM	IMMUNE GLOBULINS	IV
BLENREP	CANCER	IV
BONIVA	BONE DENSITY	IV
BORTEZOMIB	CANCER	IV
CABLIVI	BLOOD MODIFIERS	IJ
CEREZYME	ENZYME DEFICIENCIES	IV

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Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
CIMZIA	AUTOIMMUNE	SC
CINQAIR	LUNG DISORDERS	IV
CINRYZE	HEMATOLOGICAL	IV
CUVITRU	IMMUNE GLOBULINS	SC
DANYELZA	CANCER	IV
DURYSTA	OPHTHALMIC	IO
ELAPRASE	ENZYME DEFICIENCIES	IV
ELELYSO	ENZYME DEFICIENCIES	IV
ELIGARD	OTHER NON-CATEGORIZED	SC
ENHERTU	CANCER	IV
ENTYVIO	AUTOIMMUNE	IV
EPOGEN	BLOOD MODIFIERS	IJ
EPOPROSTENOL SODIUM	PULMONARY HYPERTENSION	IV
EVENITY	BONE DENSITY	SC
EXONDYS 51	ENZYME DEFICIENCIES	IV
EYLEA	OPHTHALMIC	IZ
FABRAZYME	ENZYME DEFICIENCIES	IV
FASENRA	LUNG DISORDERS	SC
FENSOLVI	ENDOCRINE	SC
FIRMAGON	CANCER	SC
FLEBOGAMMA DIF	IMMUNE GLOBULINS	IV
FLOLAN	PULMONARY HYPERTENSION	IV
FULPHILA	BLOOD MODIFIERS	SC
GAMMAGARD LIQUID	IMMUNE GLOBULINS	IJ
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	IMMUNE GLOBULINS	IV
GAMMAKED	IMMUNE GLOBULINS	IJ
GAMMAPLEX	IMMUNE GLOBULINS	IV
GAMUNEX-C	IMMUNE GLOBULINS	IJ
GIVLAARI	BLOOD MODIFIERS	SC
GRANIX	BLOOD MODIFIERS	SC
HERZUMA	CANCER	IV
HIZENTRA	IMMUNE GLOBULINS	SC
HYDROXYPROGESTERONE CAPROATE	CANCER	IM
HYQVIA	IMMUNE GLOBULINS	SC
IBANDRONATE SODIUM	BONE DENSITY	IV
ILARIS	AUTOIMMUNE	SC
INFLECTRA	AUTOIMMUNE	IV
JELMYTO	CANCER	UL
JETREA	OPHTHALMIC	IZ
KALBITOR	HEMATOLOGICAL	SC
KANJINTI	CANCER	IV
KANUMA	ENZYME DEFICIENCIES	IV
KEYTRUDA	CANCER	IV
KRYSTEXXA	OTHER NON-CATEGORIZED	IV
KYMRIAH	CANCER	IV
LEMTRADA	MULTIPLE SCLEROSIS	IV
LEUKINE	BLOOD MODIFIERS	IJ
LUCENTIS	OPHTHALMIC	IZ
LUMIZYME	ENZYME DEFICIENCIES	IV
LUPANETA PACK	ENDOCRINE	CO
LUPRON DEPOT	OTHER NON-CATEGORIZED	IM
LUPRON DEPOT-PED	ENDOCRINE	IM
MACUGEN	OPHTHALMIC	IO
MAKENA	FERTILITY & PREGNANCY	SC
MONJUVI	CANCER	IV
MOZOBIL	BLOOD MODIFIERS	SC
NAGLAZYME	ENZYME DEFICIENCIES	IV

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Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
NEULASTA	BLOOD MODIFIERS	SC
NEULASTA ONPRO KIT	BLOOD MODIFIERS	SC
NEUPOGEN	BLOOD MODIFIERS	IJ
NIVESTYM	BLOOD MODIFIERS	IJ
NPLATE	BLOOD MODIFIERS	SC
NUCALA	LUNG DISORDERS	SC
NYVEPRIA	BLOOD MODIFIERS	SC
OCREVUS	MULTIPLE SCLEROSIS	IV
OCTAGAM	IMMUNE GLOBULINS	IV
ONPATTRO	OTHER NON-CATEGORIZED	IV
ONTRUZANT	CANCER	IV
OPDIVO	CANCER	IV
ORENCIA	AUTOIMMUNE	IV
OXLUMO	OTHER NON-CATEGORIZED	SC
PADCEV	CANCER	IV
PANZYGA	IMMUNE GLOBULINS	IV
PHESGO	CANCER	SC
POLIVY	CANCER	IV
PRIVIGEN	IMMUNE GLOBULINS	IV
PROCRIT	BLOOD MODIFIERS	IJ
PROLASTIN-C	LUNG DISORDERS	IV
PROLIA	BONE DENSITY	SC
RADICAVA	OTHER NON-CATEGORIZED	IV
REBLOZYL	BLOOD MODIFIERS	SC
RECLAST	BONE DENSITY	IV
REMICADE	AUTOIMMUNE	IV
REMODULIN	PULMONARY HYPERTENSION	IJ
RENFLXIS	AUTOIMMUNE	IV
RETACRIT	BLOOD MODIFIERS	IJ
REVATIO	PULMONARY HYPERTENSION	IV
RITUXAN HYCELA	CANCER	SC
SANDOSTATIN LAR DEPOT	ENDOCRINE	IM
SCENESSE	OTHER NON-CATEGORIZED	SC
SILDENAFIL	PULMONARY HYPERTENSION	IV
SIMPONI ARIA	AUTOIMMUNE	IV
SOLIRIS	HEMATOLOGICAL	IV
SOMATULINE DEPOT	ENDOCRINE	SC
SPINRAZA	OTHER NON-CATEGORIZED	IT
STELARA	AUTOIMMUNE	IV
SYNAGIS	LUNG DISORDERS	IM
TECARTUS	CANCER	IV
TECENTRIQ	CANCER	IV
TEPEZZA	ENDOCRINE	IV
THROMBATE III	OTHER NON-CATEGORIZED	IV
TRAZIMERA	CANCER	IV
TRELSTAR MIXJECT	CANCER	IM
TREPROSTINIL	PULMONARY HYPERTENSION	IJ
TYSABRI	MULTIPLE SCLEROSIS	IV
UDENYCA	BLOOD MODIFIERS	SC
UPLIZNA	OTHER NON-CATEGORIZED	IV
VELETRI	PULMONARY HYPERTENSION	IV
VILTEPSO	ENZYME DEFICIENCIES	IV
VIMIZIM	ENZYME DEFICIENCIES	IV
VISUDYNE	OPHTHALMIC	IV
VPRIV	ENZYME DEFICIENCIES	IV
VYONDYS 53	ENZYME DEFICIENCIES	IV
XEMBIFY	IMMUNE GLOBULINS	SC

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XGEVA	BONE DENSITY	SC
XIAFLEX	OTHER NON-CATEGORIZED	IJ
XOLAIR	LUNG DISORDERS	SC
YERVOY	CANCER	IV
ZARXIO	BLOOD MODIFIERS	IJ
ZEMAIRA	LUNG DISORDERS	IV
ZEPZELCA	CANCER	IV
ZIEXTENZO	BLOOD MODIFIERS	SC
ZOLEDRONIC ACID	BONE DENSITY	IV
ZOMETA	BONE DENSITY	IV

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If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم نوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujara ti	જો તમને અથવા તમને મદદ કરી રાહોય એવી કોઈ બીજી ચિકિત્સાને એસ.બી.એમ. કાર્યક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક છે. દર્મશાસ્ત્ર સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे ह उसके, प्रश्न ह, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'11 ni, 47 doodago [a'da b7k1 an1n7lwo'7g77, na'7d7[kidgo, ts'7d1 bee n1 ah00ti'i' t'11 n77k'e n7k1 a'doolwo[d00 b7na'7d7[kid7g77 bee ni[h odoonih. Ata'dahalne'7g77 bich'8' hod77lnih kwe'4 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالاتی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polски Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalín-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.



Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>