

Specialty Drug Management List

#### **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 bcbsil.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. BCBSIL 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
ABRILADA	AUTOIMMUNE	SC
ABRILADA 1 PEN	AUTOIMMUNE	sc
ABRILADA 2 PEN	AUTOIMMUNE	SC
ACTEMRA	AUTOIMMUNE	SC
ACTEMRA ACTPEN	AUTOIMMUNE	SC
ACTHAR	ENDOCRINE	IJ
ACTHAR	ENDOCRINE	SC
ACTIMMUNE	LUNG DISORDERS	sc
ADALIMUMAB-AACF	AUTOIMMUNE	SC
ADALIMUMAB-AATY	AUTOIMMUNE	sc
ADALIMUMAB-ADAZ	AUTOIMMUNE	SC
ADALIMUMAB-ADBM	AUTOIMMUNE	SC
ADALIMUMAB-FKJP	AUTOIMMUNE	SC
ADALIMUMAB-RYVK	AUTOIMMUNE	SC
ADBRY	AUTOIMMUNE	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
AGAMREE	CORTICOSTEROIDS	OR
AKEEGA	CANCER-ORAL	OR
ALECENSA	CANCER-ORAL	OR
ALKERAN	CANCER-ORAL	OR
ALKINDI SPRINKLE	CORTICOSTEROIDS	OR
ALPHANATE	HEMOPHILIA	IV
ALPHANINE SD	HEMOPHILIA	IV

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 03/01/2025



Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
ALPROLIX	HEMOPHILIA	IV
ALTUVIIIO	HEMOPHILIA	IV
ALUNBRIG	CANCER-ORAL	OR
ALVAIZ	BLOOD MODIFIERS	OR
ALYFTREK	CYSTIC FIBROSIS	OR
ALYQ	PULMONARY HYPERTENSION	OR
AMBRISENTAN	PULMONARY HYPERTENSION	OR
AMJEVITA	AUTOIMMUNE	SC
AMPYRA	MULTIPLE SCLEROSIS	OR
APOKYN	PARKINSON	SC
APOMORPHINE	PARKINSON	SC
AQNEURSA	OTHER NON-CATEGORIZED	OR
ARANESP ALBUMIN FREE	BLOOD MODIFIERS	IJ
ARCALYST	AUTOIMMUNE	SC
ARIKAYCE	OTHER NON-CATEGORIZED	IN
ATTRUBY	OTHER NON-CATEGORIZED	OR
AUBAGIO	MULTIPLE SCLEROSIS	OR
AUGTYRO	CANCER-ORAL	OR
AUSTEDO	OTHER NON-CATEGORIZED	OR
AUSTEDO PT	OTHER NON-CATEGORIZED	OR
AUSTEDO XR	OTHER NON-CATEGORIZED	OR
AVONEX PEN	MULTIPLE SCLEROSIS	IM
AVONEX PREFILL	MULTIPLE SCLEROSIS	IM
AYVAKIT	CANCER-ORAL	OR
BAFIERTAM	MULTIPLE SCLEROSIS	OR
BALVERSA	CANCER-ORAL	OR
BENEFIX	HEMOPHILIA	IV
BENLYSTA	AUTOIMMUNE	SC
BERINERT	HEMATOLOGICAL	IV
BESREMI	CANCER	SC
BETAINE ANHYDROUS	ENZYME DEFICIENCIES	OR
BETASERON	MULTIPLE SCLEROSIS	SC
BETHKIS	CYSTIC FIBROSIS	IN
BEXAROTENE	CANCER-ORAL	EX
BEXAROTENE	CANCER-ORAL	OR
BIMZELX	AUTOIMMUNE	SC
BOSENTAN	PULMONARY HYPERTENSION	OR
BOSULIF	CANCER-ORAL	OR
BRAFTOVI	CANCER-ORAL	OR
BRONCHITOL	CYSTIC FIBROSIS	IN

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
BRONCHITOL TOLERANCE TEST	CYSTIC FIBROSIS	IN
BRUKINSA	CANCER-ORAL	OR
BUPHENYL	ENZYME DEFICIENCIES	OR
BYLVAY	OTHER NON-CATEGORIZED	OR
CABLIVI	BLOOD MODIFIERS	IJ
CABOMETYX	CANCER-ORAL	OR
CALQUENCE	CANCER-ORAL	OR
CAMZYOS	OTHER NON-CATEGORIZED	OR
CAPECITABINE	CANCER-ORAL	OR
CAPRELSA	CANCER-ORAL	OR
CARBAGLU	ENZYME DEFICIENCIES	OR
CARGLUMIC	ENZYME DEFICIENCIES	OR
CASODEX	CANCER-ORAL	OR
CAYSTON	CYSTIC FIBROSIS	IN
CERDELGA	ENZYME DEFICIENCIES	OR
CETRORELIX	FERTILITY & PREGNANCY	SC
CETROTIDE	FERTILITY & PREGNANCY	SC
CHENODAL	GASTROINTESTINAL	OR
CHOLBAM	GASTROINTESTINAL	OR
CHORIONIC GONADOTROPIN	FERTILITY & PREGNANCY	IM
CIBINQO	AUTOIMMUNE	OR
CIMZIA	AUTOIMMUNE	SC
CIMZIA STARTER KIT	AUTOIMMUNE	SC
COAGADEX	HEMOPHILIA	IV
COMETRIQ	CANCER-ORAL	OR
COPAXONE	MULTIPLE SCLEROSIS	SC
COPIKTRA	CANCER-ORAL	OR
CORIFACT	HEMOPHILIA	IV
CORTROPHIN	ENDOCRINE	IJ
COSENTYX	AUTOIMMUNE	SC
COSENTYX SENSOREADY PEN	AUTOIMMUNE	SC
COSENTYX UNOREADY	AUTOIMMUNE	SC
COTELLIC	CANCER-ORAL	OR
CRENESSITY	ENDOCRINE	OR
CUPRIMINE	OTHER NON-CATEGORIZED	OR
CUVRIOR	OTHER NON-CATEGORIZED	OR
CYLTEZO	AUTOIMMUNE	SC
CYSTADANE	ENZYME DEFICIENCIES	OR
CYSTADROPS	OPHTHALMIC	OP
CYSTAGON	OTHER NON-CATEGORIZED	OR

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
CYSTARAN	OPHTHALMIC	OP
DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	OR
DANZITEN	CANCER-ORAL	OR
DASATINIB	CANCER-ORAL	OR
DAURISMO	CANCER-ORAL	OR
DAYBUE	OTHER NON-CATEGORIZED	OR
DEFERASIROX	OTHER NON-CATEGORIZED	OR
DEFERIPRONE	OTHER NON-CATEGORIZED	OR
DEFLAZACORT	CORTICOSTEROIDS	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
DUVYZAT	OTHER NON-CATEGORIZED	OR
EBGLYSS	AUTOIMMUNE	SC
EGRIFTA SV	HIV	SC
ELIGARD	CANCER	SC
ELOCTATE	HEMOPHILIA	IV
EMCYT	CANCER-ORAL	OR
EMFLAZA	CORTICOSTEROIDS	OR
EMPAVELI	HEMATOLOGICAL	SC
ENBREL	AUTOIMMUNE	SC
ENBREL MINI	AUTOIMMUNE	SC
ENBREL SURECLICK	AUTOIMMUNE	SC
ENDARI	BLOOD MODIFIERS	OR
ENSPRYNG	IMMUNOSUPPRESSANTS	SC
ENTYVIO	AUTOIMMUNE	SC
EPCLUSA	HEPATITIS C	OR
EPOGEN	BLOOD MODIFIERS	IJ
ERIVEDGE	CANCER-ORAL	OR
ERLEADA	CANCER-ORAL	OR
ERLOTINIB	CANCER-ORAL	OR
ESBRIET	LUNG DISORDERS	OR
ESPEROCT	HEMOPHILIA	IV
ETOPOSIDE	CANCER-ORAL	OR
EULEXIN	CANCER-ORAL	OR
EVEROLIMUS	CANCER-ORAL	OR
EVRYSDI	OTHER NON-CATEGORIZED	OR

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
EXJADE	OTHER NON-CATEGORIZED	OR
EXKIVITY	CANCER-ORAL	OR
EXTAVIA	MULTIPLE SCLEROSIS	SC
FABHALTA	HEMATOLOGICAL	OR
FARESTON	CANCER-ORAL	OR
FASENRA PEN	LUNG DISORDERS	SC
FEIBA	HEMOPHILIA	IV
FERRIPROX	OTHER NON-CATEGORIZED	OR
FERRIPROX TWICE-A-DAY	OTHER NON-CATEGORIZED	OR
FIBRYGA	HEMOPHILIA	IV
FILSPARI	OTHER NON-CATEGORIZED	OR
FILSUVEZ	DERMATOLOGICS	EX
FINGOLIMOD	MULTIPLE SCLEROSIS	OR
FIRAZYR	HEMATOLOGICAL	SC
FIRDAPSE	AUTOIMMUNE	OR
FOLLISTIM AQ	FERTILITY & PREGNANCY	SC
FORTEO	BONE DENSITY	SC
FOTIVDA	CANCER-ORAL	OR
FRUZAQLA	CANCER-ORAL	OR
FULPHILA	BLOOD MODIFIERS	SC
FYLNETRA	BLOOD MODIFIERS	SC
FYREMADEL	FERTILITY & PREGNANCY	SC
GALAFOLD	ENZYME DEFICIENCIES	OR
GANIRELIX ACETATE	FERTILITY & PREGNANCY	SC
GATTEX	GASTROINTESTINAL	SC
GAVRETO	CANCER-ORAL	OR
GEFITINIB	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	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

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
GRANIX	BLOOD MODIFIERS	SC
HADLIMA	AUTOIMMUNE	SC
HADLIMA PUSHTOUCH	AUTOIMMUNE	SC
HAEGARDA	HEMATOLOGICAL	SC
HARVONI	HEPATITIS C	OR
HEMLIBRA	HEMOPHILIA	sc
HEMOFIL M	HEMOPHILIA	IV
HETLIOZ	SLEEP DISORDERS	OR
HETLIOZ LQ	SLEEP DISORDERS	OR
HULIO	AUTOIMMUNE	SC
HUMATE-P	HEMOPHILIA	IV
HUMATROPE	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
HYCAMTIN	CANCER-ORAL	OR
HYMPAVZI	HEMOPHILIA	SC
HYRIMOZ	AUTOIMMUNE	SC
HYRIMOZ-CROHNS	AUTOIMMUNE	SC
HYRIMOZ-PEDITATRIC CROHNS	AUTOIMMUNE	SC
HYRIMOZ-PLAQUE PSORIASIS	AUTOIMMUNE	sc
HYRIMOZ-SENSOREADY PENS	AUTOIMMUNE	SC
IBRANCE	CANCER-ORAL	OR
ICATIBANT	HEMATOLOGICAL	SC
ICLUSIG	CANCER-ORAL	OR
IDACIO	AUTOIMMUNE	SC
IDACIO CROHNS	AUTOIMMUNE	SC
IDACIO PLAQUE PSORIASIS	AUTOIMMUNE	SC
IDELVION	HEMOPHILIA	IV
IDHIFA	CANCER-ORAL	OR
IMATINIB MESYLATE	CANCER-ORAL	OR
IMBRUVICA	CANCER-ORAL	OR
IMCIVREE	WEIGHT LOSS	SC
INBRIJA	PARKINSON	IN
INCRELEX	GROWTH HORMONES	SC
INGREZZA	OTHER NON-CATEGORIZED	OR

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

INDICATE   CANCER-ORAL   OR   INNERIC   CANCER-ORAL   OR   OR   INNERIC   CANCER-ORAL   OR   OR   INNERIC   CANCER-ORAL   OR   INSTURISA   ENDOCRINE   OR   INTURES   OR	Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
INTERBIC   CANCER-ORAL   OR   OR   OR   OR   OR   OR   OR   O	INLYTA	CANCER-ORAL	OR
GIRVO	INQOVI	CANCER-ORAL	OR
IRESSA   CANCER-ORAL   OR   ISTURISA   ENDOCRINE   OR   ISTURISA   OR   ISTU	INREBIC	CANCER-ORAL	OR
ISTURISA	IQIRVO	GASTROINTESTINAL	OR
TOVEBI   CANCER-ORAL   OR	IRESSA	CANCER-ORAL	OR
INVILETIN   CANCER-ORAL   OR   IXINITY   HEMOPHILIA   IV   IV   JADENU   OTHER NON-CATEGORIZED   OR   JADENU SPRINKLE   OTHER NON-CATEGORIZED   OR   JADENU SPRINKLE   OTHER NON-CATEGORIZED   OR   JAVAKFI   CANCER-ORAL   OR   JAVYGTOR   ENZYME DEFICIENCIES   OR   JAYYGTOR   ENZYME DEFICIENCIES   OR   JAYPIRCA   CANCER-ORAL   OR   JAYDIRCA   OTHER NON-CATEGORIZED   OR   JIV   OTHER NON-CATEGORIZED   OR   JUXTAPID   ANTIHYPERLIPIDEMIC   OR   JUXTAPID   ANTIHYPERLIPIDEMIC   OR   JUXTAPID   ANTIHYPERLIPIDEMIC   OR   JAYDARQUE   ENDOCRINE   OR   CANCER-ORAL   OR	ISTURISA	ENDOCRINE	OR
IXINITY	ITOVEBI	CANCER-ORAL	OR
JADENU         OTHER NON-CATEGORIZED         OR           JADENU SPRINKLE         OTHER NON-CATEGORIZED         OR           JAKAFI         CANCER-ORAL         OR           JAVYGTOR         ENZYME DEFICIENCIES         OR           JAYPIRCA         CANCER-ORAL         OR           JIVI         HEMOPHILIA         IV           JOENJA         OTHER NON-CATEGORIZED         OR           JUXTARID         ANTIHYPERLIPIDEMIC         OR           JUXTARID         ANTIHYPERLIPIDEMIC         OR           VYNARQUE         ENDOCRINE         OR           KESIMPTA         MULTIPLE SCLEROSIS         OR           KESIMPTA         MULTIPLE SCLEROSIS         SC           KEVZARA         AUTOIMMUNE         SC           KINGALI EMARA         CANCER-ORAL         OR           KISCALI EMARA         CANCER-ORAL         OR           KISCALI EMARA         CANCER-ORAL         OR           KOATE-DVI         HEMOPHILIA         IV           KOATE-DVI         HEMOPHILIA         IV           KOGENATE FS         HEMOPHILIA         IV           KORLUGO         CANCER-ORAL         OR           KUVAN         ENDOCRINE         OR	IWILFIN	CANCER-ORAL	OR
JADENU SPRINKLE	IXINITY	HEMOPHILIA	IV
JAKAFI         CANCER-ORAL         OR           JAVYGTOR         ENZYME DEFICIENCIES         OR           JAYPIRCA         CANCER-ORAL         OR           JIVI         HEMOPHILIA         IV           JOENJA         OTHER NON-CATEGORIZED         OR           JUXTAPID         ANTIHYPERLIPIDEMIC         OR           JYNARQUE         ENDOCRINE         OR           KALYDECO         CYSTIC FIBROSIS         OR           KESIMPTA         MULTIPLE SCLEROSIS         SC           KEVZARA         AUTOIMMUNE         SC           KEVZARA         AUTOIMMUNE         SC           KISOALI         CANCER-ORAL         OR           KISOALI FEMARA         CANCER-ORAL         OR           KITABIS         CYSTIC FIBROSIS         IN           KOATE         HEMOPHILIA         IV           KOATE-DVI         HEMOPHILIA         IV           KOGENATE FS         HEMOPHILIA         IV           KORLYM         ENDOCRINE         OR           KOSELUGO         CANCER-ORAL         OR           KOVALTRY         HEMOPHILIA         IV           KRAZATI         CANCER-ORAL         OR           KUVAN         ENZYM	JADENU	OTHER NON-CATEGORIZED	OR
SAVYGTOR	JADENU SPRINKLE	OTHER NON-CATEGORIZED	OR
JAYPIRCA   CANCER-ORAL   OR	JAKAFI	CANCER-ORAL	OR
JUNI	JAVYGTOR	ENZYME DEFICIENCIES	OR
OTHER NON-CATEGORIZED	JAYPIRCA	CANCER-ORAL	OR
JUXTAPID	JIVI	HEMOPHILIA	IV
STANDER   ENDOCRINE   OR   KALYDECO   CYSTIC FIBROSIS   OR   KESIMPTA   MULTIPLE SCLEROSIS   SC   KEVZARA   AUTOIMMUNE   SC   KINERET   AUTOIMMUNE   SC   KINERET   AUTOIMMUNE   SC   KISQALI   CANCER-ORAL   OR   KISQALI FEMARA   CANCER-ORAL   OR   KITABIS   CYSTIC FIBROSIS   IN   KOATE   HEMOPHILIA   IV   KOATE   HEMOPHILIA   IV   KOGENATE FS   HEMOPHILIA   IV   KOGENATE FS   HEMOPHILIA   IV   KORLYM   ENDOCRINE   OR   KOVALTRY   HEMOPHILIA   IV   KRAZATI   CANCER-ORAL   OR   KUVAN   ENZYME DEFICIENCIES   OR   CANCER-ORAL   OR   KUVAN   ENZYME DEFICIENCIES   OR   CANCER-ORAL   OR   CANCER-ORAL	JOENJA	OTHER NON-CATEGORIZED	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         CYSTIC FIBROSIS         IN           KOATE         HEMOPHILIA         IV           KOATE-DVI         HEMOPHILIA         IV           KOGENATE FS         HEMOPHILIA         IV           KORLYM         ENDOCRINE         OR           KOSELUGO         CANCER-ORAL         OR           KOVALTRY         HEMOPHILIA         IV           KRAZATI         CANCER-ORAL         OR           KUVAN         ENZYME DEFICIENCIES         OR           LAPATINIB         CANCER-ORAL         OR           LAZCLUZE         CANCER-ORAL         OR           LEDIPASVIR/SOFOSBUVIR         HEPATITIS C         OR           LENVIMA         CANCER-ORAL         OR           LENVIMA         CANCER-ORAL         OR           LETAIRIS         PULMONARY HYPERTENSION         OR	JUXTAPID	ANTIHYPERLIPIDEMIC	OR
KESIMPTA         MULTIPLE SCLEROSIS         SC           KEVZARA         AUTOIMMUNE         SC           KINERET         AUTOIMMUNE         SC           KISQALI         CANCER-ORAL         OR           KISQALI FEMARA         CANCER-ORAL         OR           KITABIS         CYSTIC FIBROSIS         IN           KOATE         HEMOPHILIA         IV           KOATE-DVI         HEMOPHILIA         IV           KOGENATE FS         HEMOPHILIA         IV           KORLYM         ENDOCRINE         OR           KOSELUGO         CANCER-ORAL         OR           KOVALTRY         HEMOPHILIA         IV           KRAZATI         CANCER-ORAL         OR           KUVAN         ENZYME DEFICIENCIES         OR           LAPATINIB         CANCER-ORAL         OR           LAZCLUZE         CANCER-ORAL         OR           LEDIPASVIR/SOFOSBUVIR         HEPATITIS C         OR           LENALIDOMIDE         CANCER-ORAL         OR           LENVIMA         CANCER-ORAL         OR           LETAIRIS         PULMONARY HYPERTENSION         OR	JYNARQUE	ENDOCRINE	OR
KEVZARA         AUTOIMMUNE         SC           KINERET         AUTOIMMUNE         SC           KISQALI         CANCER-ORAL         OR           KISQALI FEMARA         CANCER-ORAL         OR           KITABIS         CYSTIC FIBROSIS         IN           KOATE         HEMOPHILIA         IV           KOATE-DVI         HEMOPHILIA         IV           KOGENATE FS         HEMOPHILIA         IV           KORLYM         ENDOCRINE         OR           KOSELUGO         CANCER-ORAL         OR           KOVALTRY         HEMOPHILIA         IV           KRAZATI         CANCER-ORAL         OR           KUVAN         ENZYME DEFICIENCIES         OR           LAPATINIB         CANCER-ORAL         OR           LAZCLUZE         CANCER-ORAL         OR           LEDIPASVIR/SOFOSBUVIR         HEPATITIS C         OR           LEDIALIDOMIDE         CANCER-ORAL         OR           LENVIMA         CANCER-ORAL         OR           LETAIRIS         PULMONARY HYPERTENSION         OR	KALYDECO	CYSTIC FIBROSIS	OR
KINERET  KISQALI  CANCER-ORAL  CANCER-ORAL  OR  KISQALI FEMARA  CANCER-ORAL  OR  KITABIS  CYSTIC FIBROSIS  IN  KOATE  HEMOPHILIA  IV  KOATE-DVI  KOGENATE FS  HEMOPHILIA  IV  KOGENATE FS  HEMOPHILIA  IV  KORLYM  ENDOCRINE  OR  KOSELUGO  CANCER-ORAL  OR  KOVALTRY  HEMOPHILIA  IV  KRAZATI  CANCER-ORAL  OR  KUVAN  ENZYME DEFICIENCIES  OR  LAPATINIB  CANCER-ORAL  OR  LAPATINIB  CANCER-ORAL  OR  LAPATINIB  CANCER-ORAL  OR  LAPATINIB  CANCER-ORAL  OR  LEDIPASVIR/SOFOSBUVIR  HEPATITIS C  OR  LENALIDOMIDE  CANCER-ORAL  OR  CANCER-ORAL	KESIMPTA	MULTIPLE SCLEROSIS	SC
KISQALI         CANCER-ORAL         OR           KISQALI FEMARA         CANCER-ORAL         OR           KITABIS         CYSTIC FIBROSIS         IN           KOATE         HEMOPHILIA         IV           KOATE-DVI         HEMOPHILIA         IV           KOGENATE FS         HEMOPHILIA         IV           KORLYM         ENDOCRINE         OR           KOSELUGO         CANCER-ORAL         OR           KOVALTRY         HEMOPHILIA         IV           KRAZATI         CANCER-ORAL         OR           KUVAN         ENZYME DEFICIENCIES         OR           LAPATINIB         CANCER-ORAL         OR           LAZCLUZE         CANCER-ORAL         OR           LEDIPASVIR/SOFOSBUVIR         HEPATITIS C         OR           LENALIDOMIDE         CANCER-ORAL         OR           LENVIMA         CANCER-ORAL         OR           LETAIRIS         PULMONARY HYPERTENSION         OR	KEVZARA	AUTOIMMUNE	SC
KISQALI FEMARA         CANCER-ORAL         OR           KITABIS         CYSTIC FIBROSIS         IN           KOATE         HEMOPHILIA         IV           KOATE-DVI         HEMOPHILIA         IV           KOGENATE FS         HEMOPHILIA         IV           KORLYM         ENDOCRINE         OR           KOSELUGO         CANCER-ORAL         OR           KOVALTRY         HEMOPHILIA         IV           KRAZATI         CANCER-ORAL         OR           KUVAN         ENZYME DEFICIENCIES         OR           LAPATINIB         CANCER-ORAL         OR           LAZCLUZE         CANCER-ORAL         OR           LEDIPASVIR/SOFOSBUVIR         HEPATITIS C         OR           LENALIDOMIDE         CANCER-ORAL         OR           LENVIMA         CANCER-ORAL         OR           LETAIRIS         PULMONARY HYPERTENSION         OR	KINERET	AUTOIMMUNE	SC
KITABIS         CYSTIC FIBROSIS         IN           KOATE         HEMOPHILIA         IV           KOATE-DVI         HEMOPHILIA         IV           KOGENATE FS         HEMOPHILIA         IV           KORLYM         ENDOCRINE         OR           KOSELUGO         CANCER-ORAL         OR           KOVALTRY         HEMOPHILIA         IV           KRAZATI         CANCER-ORAL         OR           KUVAN         ENZYME DEFICIENCIES         OR           LAPATINIB         CANCER-ORAL         OR           LAZCLUZE         CANCER-ORAL         OR           LEDIPASVIR/SOFOSBUVIR         HEPATITIS C         OR           LENALIDOMIDE         CANCER-ORAL         OR           LENVIMA         CANCER-ORAL         OR           LETAIRIS         PULMONARY HYPERTENSION         OR	KISQALI	CANCER-ORAL	OR
KOATE         HEMOPHILIA         IV           KOATE-DVI         HEMOPHILIA         IV           KOGENATE FS         HEMOPHILIA         IV           KORLYM         ENDOCRINE         OR           KOSELUGO         CANCER-ORAL         OR           KOVALTRY         HEMOPHILIA         IV           KRAZATI         CANCER-ORAL         OR           KUVAN         ENZYME DEFICIENCIES         OR           LAPATINIB         CANCER-ORAL         OR           LAZCLUZE         CANCER-ORAL         OR           LEDIPASVIR/SOFOSBUVIR         HEPATITIS C         OR           LENALIDOMIDE         CANCER-ORAL         OR           LENVIMA         CANCER-ORAL         OR           LETAIRIS         PULMONARY HYPERTENSION         OR	KISQALI FEMARA	CANCER-ORAL	OR
KOATE-DVI KOATE-DVI KOGENATE FS HEMOPHILIA IV KORLYM ENDOCRINE OR KOSELUGO CANCER-ORAL OR KOVALTRY HEMOPHILIA IV KRAZATI CANCER-ORAL OR KUVAN ENZYME DEFICIENCIES OR LAPATINIB CANCER-ORAL OR LAZCLUZE CANCER-ORAL OR LEDIPASVIR/SOFOSBUVIR HEPATITIS C OR LENALIDOMIDE CANCER-ORAL OR LENVIMA CANCER-ORAL OR	KITABIS	CYSTIC FIBROSIS	IN
KOGENATE FS  KORLYM  ENDOCRINE  CANCER-ORAL  OR  KOVALTRY  HEMOPHILIA  IV  KRAZATI  CANCER-ORAL  OR  KUVAN  ENZYME DEFICIENCIES  OR  LAPATINIB  CANCER-ORAL  OR  LAZCLUZE  CANCER-ORAL  OR  LEDIPASVIR/SOFOSBUVIR  HEPATITIS C  CANCER-ORAL  OR  LENALIDOMIDE  CANCER-ORAL  OR	KOATE	HEMOPHILIA	IV
KORLYM ENDOCRINE OR  KOSELUGO CANCER-ORAL OR  KOVALTRY HEMOPHILIA IV  KRAZATI CANCER-ORAL OR  KUVAN ENZYME DEFICIENCIES OR  LAPATINIB CANCER-ORAL OR  LAZCLUZE CANCER-ORAL OR  LEDIPASVIR/SOFOSBUVIR HEPATITIS C OR  LENALIDOMIDE CANCER-ORAL OR  LENVIMA CANCER-ORAL OR  LETAIRIS PULMONARY HYPERTENSION OR	KOATE-DVI	HEMOPHILIA	IV
KOSELUGO  KOVALTRY  HEMOPHILIA  IV  KRAZATI  CANCER-ORAL  OR  KUVAN  ENZYME DEFICIENCIES  OR  LAPATINIB  CANCER-ORAL  OR  LAZCLUZE  CANCER-ORAL  OR  LEDIPASVIR/SOFOSBUVIR  HEPATITIS C  OR  LENALIDOMIDE  CANCER-ORAL  OR	KOGENATE FS	HEMOPHILIA	IV
KOVALTRY  KRAZATI  CANCER-ORAL  OR  KUVAN  ENZYME DEFICIENCIES  OR  LAPATINIB  CANCER-ORAL  OR  LAZCLUZE  CANCER-ORAL  OR  LEDIPASVIR/SOFOSBUVIR  HEPATITIS C  OR  LENALIDOMIDE  CANCER-ORAL  OR  CANCER-ORAL  OR  LENVIMA  CANCER-ORAL  OR	KORLYM	ENDOCRINE	OR
KRAZATI CANCER-ORAL OR KUVAN ENZYME DEFICIENCIES OR LAPATINIB CANCER-ORAL OR LAZCLUZE CANCER-ORAL OR LEDIPASVIR/SOFOSBUVIR HEPATITIS C OR LENALIDOMIDE CANCER-ORAL OR LENVIMA CANCER-ORAL OR LETAIRIS PULMONARY HYPERTENSION OR	KOSELUGO	CANCER-ORAL	OR
KUVAN ENZYME DEFICIENCIES OR  LAPATINIB CANCER-ORAL OR  LAZCLUZE CANCER-ORAL OR  LEDIPASVIR/SOFOSBUVIR HEPATITIS C OR  LENALIDOMIDE CANCER-ORAL OR  LENVIMA CANCER-ORAL OR  LETAIRIS PULMONARY HYPERTENSION OR	KOVALTRY	HEMOPHILIA	IV
LAPATINIB  CANCER-ORAL  OR  LAZCLUZE  CANCER-ORAL  OR  LEDIPASVIR/SOFOSBUVIR  HEPATITIS C  CANCER-ORAL  OR  LENALIDOMIDE  CANCER-ORAL  OR  LENVIMA  CANCER-ORAL  OR  LETAIRIS  PULMONARY HYPERTENSION  OR	KRAZATI	CANCER-ORAL	OR
LAZCLUZE CANCER-ORAL OR  LEDIPASVIR/SOFOSBUVIR HEPATITIS C OR  LENALIDOMIDE CANCER-ORAL OR  LENVIMA CANCER-ORAL OR  LETAIRIS PULMONARY HYPERTENSION OR	KUVAN	ENZYME DEFICIENCIES	OR
LEDIPASVIR/SOFOSBUVIR  LENALIDOMIDE  CANCER-ORAL  CANCER-ORAL  OR  LETAIRIS  PULMONARY HYPERTENSION  OR	LAPATINIB	CANCER-ORAL	OR
LENALIDOMIDE CANCER-ORAL OR LENVIMA CANCER-ORAL OR LETAIRIS PULMONARY HYPERTENSION OR	LAZCLUZE	CANCER-ORAL	OR
LENVIMA CANCER-ORAL OR LETAIRIS PULMONARY HYPERTENSION OR	LEDIPASVIR/SOFOSBUVIR	HEPATITIS C	OR
LETAIRIS PULMONARY HYPERTENSION OR	LENALIDOMIDE	CANCER-ORAL	OR
	LENVIMA	CANCER-ORAL	OR
LEUKERAN CANCER-ORAL OR	LETAIRIS	PULMONARY HYPERTENSION	OR
	LEUKERAN	CANCER-ORAL	OR

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
LEUKINE	BLOOD MODIFIERS	IJ
LEUPROLIDE	CANCER	IJ
LEUPROLIDE	CANCER	IM
L-GLUTAMINE	BLOOD MODIFIERS	OR
LIQREV	PULMONARY HYPERTENSION	OR
LITFULO	AUTOIMMUNE	OR
LIVDELZI	GASTROINTESTINAL	OR
LIVMARLI	OTHER NON-CATEGORIZED	OR
LIVTENCITY	ANTI-INFECTIVE	OR
LONSURF	CANCER-ORAL	OR
LORBRENA	CANCER-ORAL	OR
LUMAKRAS	CANCER-ORAL	OR
LUMRYZ	SLEEP DISORDERS	OR
LUPKYNIS	IMMUNOSUPPRESSANTS	OR
LYNPARZA	CANCER-ORAL	OR
LYSODREN	CANCER-ORAL	OR
LYTGOBI	CANCER-ORAL	OR
MATULANE	CANCER-ORAL	OR
MAVENCLAD	MULTIPLE SCLEROSIS	OR
MAVYRET	HEPATITIS C	OR
MAYZENT	MULTIPLE SCLEROSIS	OR
MEKINIST	CANCER-ORAL	OR
MEKTOVI	CANCER-ORAL	OR
MELPHALAN	CANCER-ORAL	OR
MENOPUR	FERTILITY & PREGNANCY	sc
MIFEPRISTONE	ENDOCRINE	OR
MIGLUSTAT	ENZYME DEFICIENCIES	OR
MIPLYFFA	OTHER NON-CATEGORIZED	OR
MULPLETA	BLOOD MODIFIERS	OR
MYALEPT	ENZYME DEFICIENCIES	sc
MYCAPSSA	ENDOCRINE	OR
MYLERAN	CANCER-ORAL	OR
NEMLUVIO	AUTOIMMUNE	SC
NERLYNX	CANCER-ORAL	OR
NEULASTA	BLOOD MODIFIERS	SC
NEULASTA ONPRO KIT	BLOOD MODIFIERS	SC
NEUPOGEN	BLOOD MODIFIERS	IJ
NEXAVAR	CANCER-ORAL	OR
NGENLA	GROWTH HORMONES	SC
NILANDRON	CANCER-ORAL	OR

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
NILUTAMIDE	CANCER-ORAL	OR
NINLARO	CANCER-ORAL	OR
NITISINONE	ENZYME DEFICIENCIES	OR
NITYR	ENZYME DEFICIENCIES	OR
NIVESTYM	BLOOD MODIFIERS	IJ
NORDITROPIN FLEXPRO	GROWTH HORMONES	SC
NOURIANZ	PARKINSON	OR
NOVAREL	FERTILITY & PREGNANCY	IM
NOVOEIGHT	HEMOPHILIA	IV
NOVOSEVEN RT	HEMOPHILIA	IV
NUBEQA	CANCER-ORAL	OR
NUCALA	LUNG DISORDERS	SC
NUTROPIN AQ	GROWTH HORMONES	SC
NUWIQ	HEMOPHILIA	IV
NYVEPRIA	BLOOD MODIFIERS	SC
OBIZUR	HEMOPHILIA	IV
OCALIVA	GASTROINTESTINAL	OR
OCTREOTIDE	ENDOCRINE	IJ
OCTREOTIDE	ENDOCRINE	SC
ODOMZO	CANCER-ORAL	OR
OFEV	LUNG DISORDERS	OR
OGSIVEO	CANCER-ORAL	OR
OHTUVAYRE	LUNG DISORDERS	IN
OJEMDA	CANCER-ORAL	OR
OJJAARA	CANCER-ORAL	OR
OLPRUVA	ENZYME DEFICIENCIES	OR
OLUMIANT	AUTOIMMUNE	OR
OMNITROPE	GROWTH HORMONES	SC
омуон	AUTOIMMUNE	SC
ONUREG	CANCER-ORAL	OR
OPFOLDA	ENZYME DEFICIENCIES	OR
OPSUMIT	PULMONARY HYPERTENSION	OR
OPSYNVI	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

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
ORSERDU	CANCER-ORAL	OR
OTEZLA	AUTOIMMUNE	OR
OVIDREL	FERTILITY & PREGNANCY	SC
OXBRYTA	BLOOD MODIFIERS	OR
OXERVATE	OPHTHALMIC	OP
PALFORZIA	OTHER NON-CATEGORIZED	OR
PALYNZIQ	ENZYME DEFICIENCIES	SC
PAZOPANIB	CANCER-ORAL	OR
PEGASYS	HEPATITIS C	SC
PEMAZYRE	CANCER-ORAL	OR
PENICILLAMINE	OTHER NON-CATEGORIZED	OR
PHEBURANE	ENZYME DEFICIENCIES	OR
PHENYLBUTYRATE	ENZYME DEFICIENCIES	OR
PIQRAY	CANCER-ORAL	OR
PIRFENIDONE	LUNG DISORDERS	OR
PLEGRIDY	MULTIPLE SCLEROSIS	IM
PLEGRIDY	MULTIPLE SCLEROSIS	SC
POMALYST	CANCER-ORAL	OR
PONVORY	MULTIPLE SCLEROSIS	OR
PREGNYL	FERTILITY & PREGNANCY	IM
PROCRIT	BLOOD MODIFIERS	IJ
PROCYSBI	OTHER NON-CATEGORIZED	OR
PROFILNINE	HEMOPHILIA	IV
PROMACTA	BLOOD MODIFIERS	OR
PULMOZYME	CYSTIC FIBROSIS	IN
PURIXAN	CANCER-ORAL	OR
PYRUKYND	HEMATOLOGICAL	OR
QINLOCK	CANCER-ORAL	OR
RADICAVA ORS	OTHER NON-CATEGORIZED	OR
RAVICTI	ENZYME DEFICIENCIES	OR
REBIF	MULTIPLE SCLEROSIS	SC
REBIF REBIDOSE	MULTIPLE SCLEROSIS	SC
REBIF REBIDOSE TITRATION PACK	MULTIPLE SCLEROSIS	SC
REBINYN	HEMOPHILIA	IV
RECOMBINATE	HEMOPHILIA	IV
RECORLEV	ENDOCRINE	OR
RELEUKO	BLOOD MODIFIERS	IJ
RELEUKO	BLOOD MODIFIERS	SC
RELYVRIO	OTHER NON-CATEGORIZED	OR
RETACRIT	BLOOD MODIFIERS	IJ
	-200505 12.13	.,,

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
RETEVMO	CANCER-ORAL	OR
REVATIO	PULMONARY HYPERTENSION	OR
REVCOVI	ENZYME DEFICIENCIES	IM
REVLIMID	CANCER-ORAL	OR
REVUFORJ	CANCER-ORAL	OR
REZDIFFRA	GASTROINTESTINAL	OR
REZLIDHIA	CANCER-ORAL	OR
REZUROCK	OTHER NON-CATEGORIZED	OR
RIASTAP	HEMOPHILIA	IV
RIBAVIRIN	HEPATITIS C	OR
RINVOQ	AUTOIMMUNE	OR
RINVOQ LQ	AUTOIMMUNE	OR
RIVFLOZA	OTHER NON-CATEGORIZED	SC
RIXUBIS	HEMOPHILIA	IV
ROZLYTREK	CANCER-ORAL	OR
RUBRACA	CANCER-ORAL	OR
RUCONEST	HEMATOLOGICAL	IV
RYDAPT	CANCER-ORAL	OR
SAIZEN	GROWTH HORMONES	IJ
SAIZENPREP	GROWTH HORMONES	IJ
SAJAZIR	HEMATOLOGICAL	SC
SAMSCA	ENDOCRINE	OR
SANDOSTATIN	ENDOCRINE	IJ
SAPROPTERIN	ENZYME DEFICIENCIES	OR
SCEMBLIX	CANCER-ORAL	OR
SEROSTIM	GROWTH HORMONES	SC
SEVENFACT	HEMOPHILIA	IV
SIGNIFOR	ENDOCRINE	SC
SILDENAFIL	PULMONARY HYPERTENSION	OR
SILIQ	AUTOIMMUNE	SC
SIMLANDI	AUTOIMMUNE	SC
SIMLANDI 1PEN	AUTOIMMUNE	SC
SIMLANDI 2PEN	AUTOIMMUNE	SC
SIMPONI	AUTOIMMUNE	SC
SKYCLARYS	OTHER NON-CATEGORIZED	OR
SKYRIZI	AUTOIMMUNE	SC
SKYRIZI PEN	AUTOIMMUNE	SC
SKYTROFA	GROWTH HORMONES	SC
SODIUM OXYBATE	SLEEP DISORDERS	OR
SODIUM PHENYLBUTYRATE	ENZYME DEFICIENCIES	OR

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
SOFOSBUVIR/VELPATASVIR	HEPATITIS C	OR
SOGROYA	GROWTH HORMONES	SC
SOHONOS	OTHER NON-CATEGORIZED	OR
SOMAVERT	ENDOCRINE	SC
SORAFENIB	CANCER-ORAL	OR
SOTYKTU	AUTOIMMUNE	OR
SOVALDI	HEPATITIS C	OR
SPEVIGO	AUTOIMMUNE	SC
SPRYCEL	CANCER-ORAL	OR
STELARA	AUTOIMMUNE	SC
STIMUFEND	BLOOD MODIFIERS	SC
STIVARGA	CANCER-ORAL	OR
STRENSIQ	ENZYME DEFICIENCIES	SC
SUCRAID	ENZYME DEFICIENCIES	OR
SUNITINIB	CANCER-ORAL	OR
SUTENT	CANCER-ORAL	OR
SYMDEKO	CYSTIC FIBROSIS	OR
SYNAGIS	LUNG DISORDERS	IM
SYNAREL	ENDOCRINE	NA
SYNRIBO	CANCER	SC
SYPRINE	OTHER NON-CATEGORIZED	OR
TABLOID	CANCER-ORAL	OR
TABRECTA	CANCER-ORAL	OR
TADALAFIL	PULMONARY HYPERTENSION	OR
TADLIQ	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-ORAL	EX
TARGRETIN	CANCER-ORAL	OR
TASCENSO ODT	MULTIPLE SCLEROSIS	OR
TASIGNA	CANCER-ORAL	OR
TASIMELTEON	SLEEP DISORDERS	OR
TAVALISSE	BLOOD MODIFIERS	OR
TAVNEOS	HEMATOLOGICAL	OR
TAZVERIK	CANCER-ORAL	OR
TECFIDERA	MULTIPLE SCLEROSIS	OR

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
TEGSEDI	OTHER NON-CATEGORIZED	SC
TEMOZOLOMIDE	CANCER-ORAL	OR
TEPMETKO	CANCER-ORAL	OR
TERIFLUNOMIDE	MULTIPLE SCLEROSIS	OR
TERIPARATIDE	BONE DENSITY	SC
TETRABENAZINE	OTHER NON-CATEGORIZED	OR
TEZSPIRE	LUNG DISORDERS	SC
THALOMID	CANCER-ORAL	OR
TIBSOVO	CANCER-ORAL	OR
ТОВІ	CYSTIC FIBROSIS	IN
TOBI PODHALER	CYSTIC FIBROSIS	IN
TOBRAMYCIN	CYSTIC FIBROSIS	IN
TOLVAPTAN	ENDOCRINE	OR
TOREMIFENE	CANCER-ORAL	OR
TORPENZ	CANCER-ORAL	OR
TRACLEER	PULMONARY HYPERTENSION	OR
TREMFYA	AUTOIMMUNE	SC
TRETINOIN	CANCER-ORAL	OR
TRETTEN	HEMOPHILIA	IV
TRIENTINE	OTHER NON-CATEGORIZED	OR
TRIKAFTA	CYSTIC FIBROSIS	OR
TRUQAP	CANCER-ORAL	OR
TRUSELTIQ	CANCER-ORAL	OR
TRYVIO	ANTIHYPERTENSIVE	OR
TUKYSA	CANCER-ORAL	OR
TURALIO	CANCER-ORAL	OR
TYENNE	AUTOIMMUNE	SC
TYKERB	CANCER-ORAL	OR
TYMLOS	BONE DENSITY	SC
TYVASO	PULMONARY HYPERTENSION	IN
TYVASO DPI	PULMONARY HYPERTENSION	IN
TYVASO RF KT	PULMONARY HYPERTENSION	IN
TYVASO ST KT	PULMONARY HYPERTENSION	IN
UDENYCA	BLOOD MODIFIERS	SC
UDENYCA ONBODY	BLOOD MODIFIERS	SC
UPTRAVI	PULMONARY HYPERTENSION	OR
UPTRAVI PACK	PULMONARY HYPERTENSION	OR
VALCHLOR	CANCER-ORAL	EX
VANFLYTA	CANCER-ORAL	OR
VELSIPITY	AUTOIMMUNE	OR

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

VONVENDI         HEMOPHILIA         IV           VORANIGO         CANCER-ORAL         OR           VOSEVI         HEPATITIS C         OR           VOTRIENT         CANCER-ORAL         OR           VOWST         GASTROINTESTINAL         OR           VOXZOGO         ENDOCRINE         SC           VOYDEYA         HEMATOLOGICAL         OR           VUMERITY         MULTIPLE SCLEROSIS         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAQEL         OTHER NON-CATEGORIZED         OR           WAKIX         SLEEP DISORDERS         OR           WAKIX         SLEEP DISORDERS         OR           WILLTE         HEMOPHILIA         IV           WINEVAIR         PULMONARY HYPERTENSION         SC           XELLARIZ         AUTOIMMUNE         OR           XELLARIZ         AUTOIMMUNE         OR           XELLARIZ         AUTOIMMUNE         OR           XELADA         CANCER-ORAL         OR           XELADA         CANCER-ORAL         OR           XELADA         CANCER-ORAL         OR           XELADA         CANCER-ORAL         OR           XELEDA         GR	Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
VERZENIO         CANCER-ORAL         OR           VIEKIRA PAK         HEPATITIS C         OR           VIDICE         OTHER NON-CATEGORIZED         OR           VISTOGARD         OTHER NON-CATEGORIZED         OR           VITRAKVI         CANCER-ORAL         OR           VIZIMPRO         CANCER-ORAL         OR           VONJO         CANCER-ORAL         OR           VONLOW         CANCER-ORAL         OR           VONEDI         HEMOPHILIA         IV           VORARIGO         CANCER-ORAL         OR           VOSEVI         HEPATITIS C         OR           VOSEVI         HEPATITIS C         OR           VOWST         GASTROINTESTINAL         OR           VOXZOGO         ENDOCRINE         SC           VOYDEYA         HEMATOLOGICAL         OR           VUMERITY         MULTIPLE SCLEROSIS         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           WAKIX         SLEEP DISORDERS         OR           WELIREG         CANCER-ORAL         OR           WILATE         HEMOPHILA         IV           WINNEWIR	VENCLEXTA	CANCER-ORAL	OR
VIEKIRA PAK         HEPATITIS C         OR           VIJOCE         OTHER NON-CATEGORIZED         OR           VISTOGARD         OTHER NON-CATEGORIZED         OR           VITRAKVI         CANCER-ORAL         OR           VIZIMPRO         CANCER-ORAL         OR           VONLO         CANCER-ORAL         OR           VONVENDI         HEMOPHILIA         IV           VOSEVI         HEPATITIS C         OR           VOTRIBOT         CANCER-ORAL         OR           VOYDEYA         HEMATOLOGICAL         OR           VOYDEYA         MULTIPLE SCLEROSIS         OR           VOYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           WALIXIE         HEMOPHILIA         IV           <	VENTAVIS	PULMONARY HYPERTENSION	IN
VIJOICE         OTHER NON-CATEGORIZED         OR           VISTOGARD         OTHER NON-CATEGORIZED         OR           VITRAKVI         CANCER-ORAL         OR           VIZIMPRO         CANCER-ORAL         OR           VONJO         CANCER-ORAL         OR           VONENDI         HEMOPHILIA         IV           VORANIGO         CANCER-ORAL         OR           VOSEVI         HEPATITIS C         OR           VOSTRIENT         CANCER-ORAL         OR           VOWST         GASTROINTESTINAL         OR           VOXZOGO         ENDOCRINE         SC           VOYDEYA         HEMATOLOGICAL         OR           VUMERITY         MULTIPLE SCLEROSIS         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VANDAGEL         OTHER NON-CATEGORIZED         OR           WAILINIA         OTHER NON-CATEGORIZED         OR           WELIREG         CANCER-ORAL         OR           WILLATE         HEMOPHILIA         IV           WILLATE         HEMOPHILIA         IV           WILLATE         HEMOPHILIA         OR	VERZENIO	CANCER-ORAL	OR
VISTOGARD         OTHER NON-CATEGORIZED         OR           VITRAKVI         CANCER-ORAL         OR           VIZIMPRO         CANCER-ORAL         OR           VONIJO         CANCER-ORAL         OR           VONVENDI         HEMOPHILIA         IV           VORANIGO         CANCER-ORAL         OR           VOSEVI         HEPATITIS C         OR           VOTRIENT         CANCER-ORAL         OR           VOWST         GASTROINTESTINAL         OR           VOXZOGO         ENDOCRINE         SC           VOYDEVA         HEMATOLOGICAL         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAQEL         OTHER NON-CATEGORIZED         OR           WAINUA         OTHER NON-CATEGORIZED         OR           WAINUA         OTHER NON-CATEGORIZED         OR           WELIREG         CANCER-ORAL         OR           WILATE         HEMOPHILIA         IV           WILATE         HEMOPHILIA         IV           WILATE         HEMOPHILIA         OR           XELJANZ         AUTOIMMUNE         OR           XELLANA </td <td>VIEKIRA PAK</td> <td>HEPATITIS C</td> <td>OR</td>	VIEKIRA PAK	HEPATITIS C	OR
VIZIMPRO         CANCER-ORAL         OR           VONJO         CANCER-ORAL         OR           VONVEDIO         HEMOPHILIA         IV           VONVENDIO         HEMOPHILIA         IV           VORANIGO         CANCER-ORAL         OR           VOSEVI         HEPATITIS C         OR           VOTRIENT         CANCER-ORAL         OR           VOWST         GASTROINTESTINAL         OR           VOXZOGO         ENDOCRINE         SC           VOYDEYA         HEMATOLOGICAL         OR           VUMERITY         MULTIPLE SCLEROSIS         OR           VOYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAQEL         OTHER NON-CATEGORIZED         OR           WAKIX         SLEEP DISORDERS         OR           WALIZEG         CANCER-ORAL         OR           WILATE         HEMOPHILIA         IV           WILATE         HEMOPHILIA         IV           WILATE         HEMOPHILIA         IV           WILATE         AUTOIMMUNE         OR           XALLARIA         AUTOIMMUNE         OR           XELJANZ         AUTOIMMUNE         OR           XELJANZ         OTHER NON-CATEGOR	VIJOICE	OTHER NON-CATEGORIZED	OR
VIZIMPRO         CANCER-ORAL         OR           VONJO         CANCER-ORAL         OR           VONVENDI         HEMOPHILIA         IV           VORANIGO         CANCER-ORAL         OR           VOSEVI         HEROTITIS C         OR           VOTRIENT         CANCER-ORAL         OR           VOWST         GASTROINTESTINAL         OR           VOXZOGO         ENDOCRINE         SC           VOYDEYA         HEMATOLOGICAL         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAQEL         OTHER NON-CATEGORIZED         OR           WAINUA         OTHER NON-CATEGORIZED         SC           WAKIX         SLEEP DISORDERS         OR           WELIREG         CANCER-ORAL         OR           WILATE         HEMOPHILIA         IV           WILATE         HEMOPHILIA         IV           WINREVAIR         PULMONARY HYPERTENSION         SC           XALLANZ         AUTOIMUNE         OR           XELJANZ         AUTOIMUNE         OR           XELJANZ XR         AUTOIMUNE         OR           XELJANZ XR	VISTOGARD	OTHER NON-CATEGORIZED	OR
VONJO         CANCER-ORAL         OR           VONVENDI         HEMOPHILIA         IV           VORANIGO         CANCER-ORAL         OR           VOSEVI         HEPATITIS C         OR           VOTRIENT         CANCER-ORAL         OR           VOWST         GASTROINTESTINAL         OR           VOXZOGO         ENDOCRINE         SC           VOYDEYA         HEMATOLOGICAL         OR           VUMERITY         MULTIPLE SCLEROSIS         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAGEL         OTHER NON-CATEGORIZED         OR           WAKIX         SLEEP DISORDERS         OR           WAKIX         SLEEP DISORDERS         OR           WALIATE         HEMOPHILIA         IV           WINREVAIR         PULMONARY HYPERTENSION         SC           XALKORI         CANCER-ORAL         OR           XELJANZ         AUTOIMUNE         OR           XELJANZ XA         AUTOIMUNE         OR           XELJANZ XR         AUTOIMUNE         OR           XELJANZ XR         AUTOIMUNE         OR           XELJANZ XR         LUING DISORDERS         SC           XELODA	VITRAKVI	CANCER-ORAL	OR
VONVENDI         HEMOPHILIA         IV           VORANIGO         CANCER-ORAL         OR           VOSEVI         HEPATITIS C         OR           VOTRIENT         CANCER-ORAL         OR           VOWST         GASTROINTESTINAL         OR           VOXZOGO         ENDOCRINE         SC           VOYDEYA         HEMATOLOGICAL         OR           VUMERITY         MULTIPLE SCLEROSIS         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAQEL         OTHER NON-CATEGORIZED         OR           WAKIX         SLEEP DISORDERS         OR           WAKIX         SLEEP DISORDERS         OR           WILLTE         HEMOPHILIA         IV           WINEVAIR         PULMONARY HYPERTENSION         SC           XELLARIZ         AUTOIMMUNE         OR           XELLARIZ         AUTOIMMUNE         OR           XELLARIZ         AUTOIMMUNE         OR           XELADA         CANCER-ORAL         OR           XELADA         CANCER-ORAL         OR           XELADA         CANCER-ORAL         OR           XELADA         CANCER-ORAL         OR           XELEDA         GR	VIZIMPRO	CANCER-ORAL	OR
VORANIGO         CANCER-ORAL         OR           VOSEVI         HEPATITIS C         OR           VOTRIENT         CANCER-ORAL         OR           VOWST         GASTROINTESTINAL         OR           VOXZOGO         ENDOCRINE         SC           VOYDEYA         HEMATOLOGICAL         OR           VUMERITY         MULTIPLE SCLEROSIS         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAGEL         OTHER NON-CATEGORIZED         OR           VYNDAGEL         OTHER NON-CATEGORIZED         OR           WAINUA         OTHER NON-CATEGORIZED         OR           WAILIA         SLEEP DISORDERS         OR           WELIREG         CANCER-ORAL         OR           WILATE         HEMOPHILIA         IV           WILATE         HEMOPHILIA         IV           WILATE         HEMOPHILIA         OR           XALKORI         CANCER-ORAL         OR           XALLANZ         AUTOIMMUNE         OR           XELJANZ XR         AUTOIMMUNE         OR           XELJANZ XR         AUTOIMMUNE         OR           XELJANZ XR         AUTOIMMUNE         OR           XELODA	VONJO	CANCER-ORAL	OR
VOSEVI         HEPATITIS C         OR           VOTRIENT         CANCER-ORAL         OR           VOWST         GASTROINTESTINAL         OR           VOXZOGO         ENDOCRINE         SC           VOYDEYA         HEMATOLOGICAL         OR           VUMERITY         MULTIPLE SCLEROSIS         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAGEL         OTHER NON-CATEGORIZED         OR           WAINUA         OTHER NON-CATEGORIZED         OR           WAINUA         OTHER NON-CATEGORIZED         OR           WAINUA         OTHER NON-CATEGORIZED         OR           WAINUA         OTHER NON-CATEGORIZED         OR           WAILATE         OR         OR           WELIREG         CANCER-ORAL         OR           WILATE         HEMOPHILIA         IV           WINREVAIR         PULMONARY HYPERTENSION         SC           XALKORI         CANCER-ORAL         OR           XELJANZ         AUTOIMMUNE         OR           XELJANZ         AUTOIMMUNE         OR           XELJANZ         AUTOIMMUNE         OR           XELODA         CANCER-ORAL         OR           XEN	VONVENDI	HEMOPHILIA	IV
VOTRIENT         CANCER-ORAL         OR           VOWST         GASTROINTESTINAL         OR           VOXZOGO         ENDOCRINE         SC           VOYDEYA         HEMATOLOGICAL         OR           VUMERITY         MULTIPLE SCLEROSIS         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAGEL         OTHER NON-CATEGORIZED         OR           WAINUA         OTHER NON-CATEGORIZED         SC           WAKIX         SLEEP DISORDERS         OR           WELIREG         CANCER-ORAL         OR           WILATE         HEMOPHILIA         IV           WINREVAIR         PULMONARY HYPERTENSION         SC           XALKORI         CANCER-ORAL         OR           XELJANZ         AUTOIMMUNE         OR           XELJANZ XR         AUTOIMMUNE         OR           XELJANZ XR         AUTOIMMUNE         OR           XELJANZ XR         OTHER NON-CATEGORIZED         OR           XELODA         GASTROINTESTINAL         OR           XELADIA         OR         CANCER-ORAL         OR           XOLAIR         LUNG DISORDERS         SC           XOLAIR         CANCER-ORAL         OR	VORANIGO	CANCER-ORAL	OR
VOWST         GASTROINTESTINAL         OR           VOXZOGO         ENDOCRINE         SC           VOYDEYA         HEMATOLOGICAL         OR           VUMERITY         MULTIPLE SCLEROSIS         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAQEL         OTHER NON-CATEGORIZED         OR           WAINUA         OTHER NON-CATEGORIZED         SC           WAKIX         SLEEP DISORDERS         OR           WELIREG         CANCER-ORAL         OR           WILATE         HEMOPHILIA         IV           WINREVAIR         PULMONARY HYPERTENSION         SC           XALKORI         CANCER-ORAL         OR           XELJANZ         AUTOIMMUNE         OR           XELJANZ XR         AUTOIMMUNE         OR           XELJANZ XR         AUTOIMMUNE         OR           XELAGRIE         OR         CANCER-ORAL         OR           XELAGRIE         OR         CANCER-ORAL         OR           XEMBELO         GASTROINTESTINAL         OR           XOLAIR         LUNG DISORDERS         SC           XOLAIR         LUNG DISORDERS         OR           XOPATA         CANCER-ORAL         O	VOSEVI	HEPATITIS C	OR
VOXZOGO         ENDOCRINE         SC           VOYDEYA         HEMATOLOGICAL         OR           VUMERITY         MULTIPLE SCLEROSIS         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDADGEL         OTHER NON-CATEGORIZED         OR           WAINUA         OTHER NON-CATEGORIZED         SC           WAKIX         SLEEP DISORDERS         OR           WELIREG         CANCER-ORAL         OR           WILATE         HEMOPHILIA         IV           WINREWAIR         PULMONARY HYPERTENSION         SC           XALKORI         CANCER-ORAL         OR           XELJANZ         AUTOIMMUNE         OR           XELJANZ XR         AUTOIMMUNE         OR           XELODA         CANCER-ORAL         OR           XELODA         CANCER-ORAL         OR           XELODA         CANCER-ORAL         OR           XERMELO         GASTROINTESTINAL         OR           XERMELO         GASTROINTESTINAL         OR           XOLAIR         LUNG DISORDERS         SC           XOLAIR         LUNG DISORDERS         OR           XYOSPATA         CANCER-ORAL         OR           XURI	VOTRIENT	CANCER-ORAL	OR
VOYDEYA         HEMATOLOGICAL         OR           VUMERITY         MULTIPLE SCLEROSIS         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAQEL         OTHER NON-CATEGORIZED         OR           WAINIA         OTHER NON-CATEGORIZED         SC           WAKIX         SLEEP DISORDERS         OR           WELIREG         CANCER-ORAL         OR           WILATE         HEMOPHILIA         IV           WINATEVAIR         PULMONARY HYPERTENSION         SC           XALKORI         CANCER-ORAL         OR           XELJANZ         AUTOIMMUNE         OR           XELJANZ XR         AUTOIMMUNE         OR           XELODA         CANCER-ORAL         OR           XELODA         CANCER-ORAL         OR           XERMELO         GASTROINTESTINAL         OR           XOLAIR         LUNG DISORDERS         SC           XOLAIR         LUNG DISORDERS         OR           XOSPATA         CANCER-ORAL         OR           XYPOVIO         CANCER-ORAL         OR           XVARIDIO         CANCER-ORAL         OR           XVIDIDEN         ENDOCRINE         OR           XYYNTHA	VOWST	GASTROINTESTINAL	OR
VUMERITY         MULTIPLE SCLEROSIS         OR           VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAGEL         OTHER NON-CATEGORIZED         OR           WAINUA         OTHER NON-CATEGORIZED         SC           WAKIX         SLEEP DISORDERS         OR           WELIREG         CANCER-ORAL         OR           WILATE         HEMOPHILIA         IV           WINREVAIR         PULMONARY HYPERTENSION         SC           XALKORI         CANCER-ORAL         OR           XELJANZ         AUTOIMMUNE         OR           XELJANZ XR         AUTOIMMUNE         OR           XELODA         CANCER-ORAL         OR           XENAZINE         OTHER NON-CATEGORIZED         OR           XERMELO         GASTROINTESTINAL         OR           XOLAIR         LUNG DISORDERS         SC           XOLARR         LUNG DISORDERS         OR           XOSPATA         CANCER-ORAL         OR           XPOVIO         CANCER-ORAL         OR           XYANDI         CANCER-ORAL         OR           XURIDEN         ENDOCRINE         OR           XYINTHA         HEMOPHILIA         IV           XYY	VOXZOGO	ENDOCRINE	SC
VYNDAMAX         OTHER NON-CATEGORIZED         OR           VYNDAQEL         OTHER NON-CATEGORIZED         OR           WAINUA         OTHER NON-CATEGORIZED         SC           WAKIX         SLEEP DISORDERS         OR           WELIREG         CANCER-ORAL         OR           WILATE         HEMOPHILIA         IV           WINREVAIR         PULMONARY HYPERTENSION         SC           XALKORI         CANCER-ORAL         OR           XELJANZ         AUTOIMMUNE         OR           XELJANZ XR         AUTOIMMUNE         OR           XELODA         CANCER-ORAL         OR           XENAZINE         OTHER NON-CATEGORIZED         OR           XERMELO         GASTROINTESTINAL         OR           XOLIAR         LUNG DISORDERS         SC           XOLIREMDI         BLOOD MODIFIERS         OR           XOSPATA         CANCER-ORAL         OR           XPOVIO         CANCER-ORAL         OR           XYOVIO         CANCER-ORAL         OR           XURIDEN         ENDOCRINE         OR           XYINTHA         HEMOPHILIA         IV           XYYNTHA SOLOFUSE         HEMOPHILIA         IV <td< td=""><td>VOYDEYA</td><td>HEMATOLOGICAL</td><td>OR</td></td<>	VOYDEYA	HEMATOLOGICAL	OR
VYNDAGEL         OTHER NON-CATEGORIZED         OR           WAINUA         OTHER NON-CATEGORIZED         SC           WAKIX         SLEEP DISORDERS         OR           WELIREG         CANCER-ORAL         OR           WILATE         HEMOPHILIA         IV           WINREVAIR         PULMONARY HYPERTENSION         SC           XALKORI         CANCER-ORAL         OR           XELJANZ         AUTOIMMUNE         OR           XELJANZ XR         AUTOIMMUNE         OR           XELODA         CANCER-ORAL         OR           XENAZINE         OTHER NON-CATEGORIZED         OR           XERMELO         GASTROINTESTINAL         OR           XOLAIR         LUNG DISORDERS         SC           XOLAIR         LUNG DISORDERS         OR           XOSPATA         CANCER-ORAL         OR           XOSPATA         CANCER-ORAL         OR           XYOVIO         CANCER-ORAL         OR           XURIDEN         ENDOCRINE         OR           XYUTHA         HEMOPHILIA         IV           XYYTHA         HEMOPHILIA         IV           XYYTHA         SLEEP DISORDERS         OR	VUMERITY	MULTIPLE SCLEROSIS	OR
WAINUA         OTHER NON-CATEGORIZED         SC           WAKIX         SLEEP DISORDERS         OR           WELIREG         CANCER-ORAL         OR           WILATE         HEMOPHILIA         IV           WINREVAIR         PULMONARY HYPERTENSION         SC           XALKORI         CANCER-ORAL         OR           XELJANZ         AUTOIMMUNE         OR           XELJANZ XR         AUTOIMMUNE         OR           XELODA         CANCER-ORAL         OR           XENAZINE         OTHER NON-CATEGORIZED         OR           XERMELO         GASTROINTESTINAL         OR           XOLAIR         LUNG DISORDERS         SC           XOLAIR         LUNG DISORDERS         OR           XOSPATA         CANCER-ORAL         OR           XOSPATA         CANCER-ORAL         OR           XYOVIO         CANCER-ORAL         OR           XTANDI         CANCER-ORAL         OR           XURIDEN         ENDOCRINE         OR           XYYTHA         HEMOPHILIA         IV           XYYTHA SOLOFUSE         HEMOPHILIA         IV           XYYREM         SLEEP DISORDERS         OR	VYNDAMAX	OTHER NON-CATEGORIZED	OR
WAKIX         SLEEP DISORDERS         OR           WELIREG         CANCER-ORAL         OR           WILATE         HEMOPHILIA         IV           WINREVAIR         PULMONARY HYPERTENSION         SC           XALKORI         CANCER-ORAL         OR           XELJANZ         AUTOIMMUNE         OR           XELJANZ XR         AUTOIMMUNE         OR           XELODA         CANCER-ORAL         OR           XENAZINE         OTHER NON-CATEGORIZED         OR           XERMELO         GASTROINTESTINAL         OR           XOLAIR         LUNG DISORDERS         SC           XOLREMDI         BLOOD MODIFIERS         OR           XOSPATA         CANCER-ORAL         OR           XPOVIO         CANCER-ORAL         OR           XTANDI         CANCER-ORAL         OR           XURIDEN         ENDOCRINE         OR           XYYITHA         HEMOPHILIA         IV           XYYNTHA SOLOFUSE         HEMOPHILIA         IV           XYREM         SLEEP DISORDERS         OR	VYNDAQEL	OTHER NON-CATEGORIZED	OR
WELIREG         CANCER-ORAL         OR           WILATE         HEMOPHILIA         IV           WINREVAIR         PULMONARY HYPERTENSION         SC           XALKORI         CANCER-ORAL         OR           XELJANZ         AUTOIMMUNE         OR           XELJANZ XR         AUTOIMMUNE         OR           XELODA         CANCER-ORAL         OR           XENAZINE         OTHER NON-CATEGORIZED         OR           XERMELO         GASTROINTESTINAL         OR           XOLAIR         LUNG DISORDERS         SC           XOLREMDI         BLOOD MODIFIERS         OR           XOSPATA         CANCER-ORAL         OR           XPOVIO         CANCER-ORAL         OR           XTANDI         CANCER-ORAL         OR           XURIDEN         ENDOCRINE         OR           XYYITHA         HEMOPHILIA         IV           XYYTHA SOLOFUSE         HEMOPHILIA         IV           XYREM         SLEEP DISORDERS         OR	WAINUA	OTHER NON-CATEGORIZED	sc
WILATE HEMOPHILIA IV WINREVAIR PULMONARY HYPERTENSION SC XALKORI CANCER-ORAL OR XELJANZ AUTOIMMUNE OR XELJANZ XR AUTOIMMUNE OR XELODA CANCER-ORAL OR XENAZINE OTHER NON-CATEGORIZED OR XERMELO GASTROINTESTINAL OR XOLAIR LUNG DISORDERS SC XOLREMDI BLOOD MODIFIERS OR XOSPATA CANCER-ORAL OR XPOVIO CANCER-ORAL OR XTANDI CANCER-ORAL OR XURIDEN CANCER-ORAL OR XYONIO CANCER-ORAL O	WAKIX	SLEEP DISORDERS	OR
WINREVAIR  WINREVAIR  XALKORI  XALKORI  CANCER-ORAL  AUTOIMMUNE  OR  XELJANZ XR  AUTOIMMUNE  OR  XELODA  CANCER-ORAL  OR  XENAZINE  OTHER NON-CATEGORIZED  OR  XERMELO  GASTROINTESTINAL  OR  XOLAIR  LUNG DISORDERS  SC  XOLREMDI  XOSPATA  CANCER-ORAL  OR  XPOVIO  CANCER-ORAL  OR  XFANDI  CANCER-ORAL  OR  XOR  XOSPATA  CANCER-ORAL  OR  XOR  XOSPATA  CANCER-ORAL  OR  XOR  XYONIO  CANCER-ORAL  OR  XYONIO  CANCER-ORAL  OR  XYONIO  XYANDI  HEMOPHILIA  IV  XYNTHA SOLOFUSE  OR  XYREM  SLEEP DISORDERS  OR  OR  OR  OR  OR  XINIDEN  XYNTHA SOLOFUSE  OR  OR  XYNTHA SOLOFUSE  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	WELIREG	CANCER-ORAL	OR
XALKORI CANCER-ORAL OR XELJANZ AUTOIMMUNE OR XELJANZ XR AUTOIMMUNE OR XELODA CANCER-ORAL OR XENAZINE OTHER NON-CATEGORIZED OR XERMELO GASTROINTESTINAL OR XOLAIR LUNG DISORDERS SC XOLREMDI BLOOD MODIFIERS OR XOSPATA CANCER-ORAL OR XPOVIO CANCER-ORAL OR XTANDI CANCER-ORAL OR XURIDEN ENDOCRINE OR XYNTHA HEMOPHILIA IV XYNTHA SOLOFUSE OR	WILATE	HEMOPHILIA	IV
XELJANZAUTOIMMUNEORXELJANZ XRAUTOIMMUNEORXELODACANCER-ORALORXENAZINEOTHER NON-CATEGORIZEDORXERMELOGASTROINTESTINALORXOLAIRLUNG DISORDERSSCXOLREMDIBLOOD MODIFIERSORXOSPATACANCER-ORALORXPOVIOCANCER-ORALORXTANDICANCER-ORALORXURIDENENDOCRINEORXYNTHAHEMOPHILIAIVXYNTHA SOLOFUSEHEMOPHILIAIVXYREMSLEEP DISORDERSOR	WINREVAIR	PULMONARY HYPERTENSION	sc
XELJANZ XR AUTOIMMUNE OR XELODA CANCER-ORAL OR XENAZINE OTHER NON-CATEGORIZED OR XERMELO GASTROINTESTINAL OR XOLAIR LUNG DISORDERS SC XOLREMDI BLOOD MODIFIERS OR XOSPATA CANCER-ORAL OR XPOVIO CANCER-ORAL OR XTANDI CANCER-ORAL OR XURIDEN CANCER-ORAL OR XURIDEN ENDOCRINE OR XYNTHA HEMOPHILIA IV XYNTHA SOLOFUSE NOR	XALKORI	CANCER-ORAL	OR
XELODA  XENAZINE  OTHER NON-CATEGORIZED  OR  XERMELO  GASTROINTESTINAL  OR  XOLAIR  LUNG DISORDERS  SC  XOLREMDI  BLOOD MODIFIERS  OR  XOSPATA  CANCER-ORAL  OR  XPOVIO  CANCER-ORAL  OR  XTANDI  CANCER-ORAL  OR  XTANDI  CANCER-ORAL  OR  XURIDEN  ENDOCRINE  OR  XYNTHA  HEMOPHILIA  IV  XYNTHA SOLOFUSE  NOR  SLEEP DISORDERS  OR	XELJANZ	AUTOIMMUNE	OR
XENAZINE OTHER NON-CATEGORIZED OR  XERMELO GASTROINTESTINAL OR  XOLAIR LUNG DISORDERS SC  XOLREMDI BLOOD MODIFIERS OR  XOSPATA CANCER-ORAL OR  XPOVIO CANCER-ORAL OR  XTANDI CANCER-ORAL OR  XURIDEN ENDOCRINE OR  XYNTHA HEMOPHILIA IV  XYNTHA SOLOFUSE HEMOPHILIA IV  XYREM SLEEP DISORDERS OR	XELJANZ XR	AUTOIMMUNE	OR
XERMELO GASTROINTESTINAL OR  XOLAIR LUNG DISORDERS SC  XOLREMDI BLOOD MODIFIERS OR  XOSPATA CANCER-ORAL OR  XPOVIO CANCER-ORAL OR  XTANDI CANCER-ORAL OR  XURIDEN ENDOCRINE OR  XYNTHA HEMOPHILIA IV  XYREM SLEEP DISORDERS OR	XELODA	CANCER-ORAL	OR
XOLAIR LUNG DISORDERS SC  XOLREMDI BLOOD MODIFIERS OR  XOSPATA CANCER-ORAL OR  XPOVIO CANCER-ORAL OR  XTANDI CANCER-ORAL OR  XURIDEN ENDOCRINE OR  XYNTHA HEMOPHILIA IV  XYREM SLEEP DISORDERS OR	XENAZINE	OTHER NON-CATEGORIZED	OR
XOLREMDI BLOOD MODIFIERS OR  XOSPATA CANCER-ORAL OR  XPOVIO CANCER-ORAL OR  XTANDI CANCER-ORAL OR  XURIDEN ENDOCRINE OR  XYNTHA HEMOPHILIA IV  XYREM SLEEP DISORDERS OR	XERMELO	GASTROINTESTINAL	OR
XOSPATA CANCER-ORAL OR XPOVIO CANCER-ORAL OR XTANDI CANCER-ORAL OR XURIDEN ENDOCRINE OR XYNTHA HEMOPHILIA IV XYNTHA SOLOFUSE HEMOPHILIA IV XYREM SLEEP DISORDERS OR	XOLAIR	LUNG DISORDERS	SC
XPOVIO CANCER-ORAL OR XTANDI CANCER-ORAL OR XURIDEN ENDOCRINE OR XYNTHA HEMOPHILIA IV XYNTHA SOLOFUSE HEMOPHILIA IV XYREM SLEEP DISORDERS OR	XOLREMDI	BLOOD MODIFIERS	OR
XTANDI CANCER-ORAL OR  XURIDEN ENDOCRINE OR  XYNTHA HEMOPHILIA IV  XYNTHA SOLOFUSE HEMOPHILIA IV  XYREM SLEEP DISORDERS OR	XOSPATA	CANCER-ORAL	OR
XURIDEN ENDOCRINE OR  XYNTHA HEMOPHILIA IV  XYNTHA SOLOFUSE HEMOPHILIA IV  XYREM SLEEP DISORDERS OR	XPOVIO	CANCER-ORAL	OR
XYNTHA HEMOPHILIA IV XYNTHA SOLOFUSE HEMOPHILIA IV XYREM SLEEP DISORDERS OR	XTANDI	CANCER-ORAL	OR
XYNTHA SOLOFUSE HEMOPHILIA IV XYREM SLEEP DISORDERS OR	XURIDEN	ENDOCRINE	OR
XYREM SLEEP DISORDERS OR	XYNTHA	HEMOPHILIA	IV
	XYNTHA SOLOFUSE	HEMOPHILIA	IV
XYWAV SLEEP DISORDERS OR	XYREM	SLEEP DISORDERS	OR
	XYWAV	SLEEP DISORDERS	OR

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
YARGESA	ENZYME DEFICIENCIES	OR
YONSA	CANCER-ORAL	OR
YORVIPATH	ENDOCRINE	SC
YUFLYMA	AUTOIMMUNE	SC
YUSIMRY	AUTOIMMUNE	SC
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
ZIEXTENZO	BLOOD MODIFIERS	SC
ZILBRYSQ	OTHER NON-CATEGORIZED	SC
ZOKINVY	OTHER NON-CATEGORIZED	OR
ZOLINZA	CANCER-ORAL	OR
ZOMACTON	GROWTH HORMONES	SC
ZORBTIVE	GROWTH HORMONES	SC
ZYDELIG	CANCER-ORAL	OR
ZYKADIA	CANCER-ORAL	OR
ZYMFENTRA	AUTOIMMUNE	SC
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 bcbsil.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
ABECMA	CANCER	IV
ABRAXANE	CANCER	IV
ACTEMRA	AUTOIMMUNE	IV
ADAKVEO	BLOOD MODIFIERS	IV
ADCETRIS	CANCER	IV
ADRIAMYCIN	CANCER	IV
ADSTILADRIN	CANCER	IS
ADZYNMA	BLOOD MODIFIERS	IV
ALDURAZYME	ENZYME DEFICIENCIES	IV
ALFERON N	OTHER NON-CATEGORIZED	IJ
ALIMTA	CANCER	IV
ALIQOPA	CANCER	IV

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 03/01/2025



Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
ALKERAN	CANCER	IV
ALYGLO	IMMUNE GLOBULINS	IV
ALYMSYS	CANCER	IV
AMONDYS 45	OTHER NON-CATEGORIZED	IV
AMTAGVI	CANCER	IV
AMVUTTRA	OTHER NON-CATEGORIZED	SC
ANKTIVA	CANCER	IS
APHEXDA	BLOOD MODIFIERS	SC
ARALAST NP	LUNG DISORDERS	IV
ARANESP ALBUMIN FREE	BLOOD MODIFIERS	IJ
ARRANON	CANCER	IV
ARSENIC TRIOXIDE	CANCER	IV
ASCENIV	IMMUNE GLOBULINS	IV
ASPARLAS	CANCER	IV
AUCATZYL	CANCER	IV
AURLUMYN	OTHER NON-CATEGORIZED	IV
AVASTIN	CANCER	IV
AVSOLA	AUTOIMMUNE	IV
AZACITIDINE	CANCER	IJ
BELEODAQ	CANCER	IV
BELRAPZO	CANCER	IV
BENDAMUSTINE	CANCER	IV
BENDEKA	CANCER	IV
BENLYSTA	AUTOIMMUNE	IV
BEOVU	OPHTHALMIC	IZ
BEQVEZ	HEMOPHILIA	IV
BESPONSA	CANCER	IV
BESREMI	CANCER	SC
BEYFORTUS	LUNG DISORDERS	IM
BICNU	CANCER	IV
BIVIGAM	IMMUNE GLOBULINS	IV
BLINCYTO	CANCER	IV
BORTEZOMIB	CANCER	IJ
BORTEZOMIB	CANCER	IV
вотох	OTHER NON-CATEGORIZED	IJ
BREYANZI	CANCER	IV
BRINEURA	ENZYME DEFICIENCIES	VE
BRIUMVI	MULTIPLE SCLEROSIS	IV
BYOOVIZ	OPHTHALMIC	IZ
CABLIVI	BLOOD MODIFIERS	IJ

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
CAMCEVI	CANCER	SC
CARMUSTINE	CANCER	IV
CARVYKTI	CANCER	IV
CASGEVY	BLOOD MODIFIERS	IV
CEREZYME	ENZYME DEFICIENCIES	IV
CIMERLI	OPHTHALMIC	IZ
CIMZIA	AUTOIMMUNE	SC
CINQAIR	LUNG DISORDERS	IV
CINRYZE	HEMATOLOGICAL	IV
CLADRIBINE	CANCER	IV
CLOFARABINE	CANCER	IV
CLOLAR	CANCER	IV
COLUMVI	CANCER	IV
COSELA	CANCER	IV
COSENTYX	AUTOIMMUNE	IV
COSMEGEN	CANCER	IV
CRYSVITA	ENDOCRINE	SC
CUTAQUIG	IMMUNE GLOBULINS	SC
CUVITRU	IMMUNE GLOBULINS	SC
CYRAMZA	CANCER	IV
DACTINOMYCIN	CANCER	IV
DANYELZA	CANCER	IV
DARZALEX	CANCER	IV
DARZALEX	CANCER	SC
DAUNORUBICIN	CANCER	IV
DAXXIFY	OTHER NON-CATEGORIZED	IM
DECITABINE	CANCER	IV
DOCETAXEL	CANCER	IV
DOCIVYX	CANCER	IV
DOXIL	CANCER	IV
DOXORUBICIN	CANCER	IV
DURYSTA	OPHTHALMIC	IO
DYSPORT	OTHER NON-CATEGORIZED	IM
EDARAVONE	OTHER NON-CATEGORIZED	IV
ELAHERE	CANCER	IV
ELAPRASE	ENZYME DEFICIENCIES	IV
ELELYSO	ENZYME DEFICIENCIES	IV
ELEVIDYS	OTHER NON-CATEGORIZED	IV
ELFABRIO	ENZYME DEFICIENCIES	IV
ELIGARD	CANCER	SC

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
ELITEK	CANCER	IV
ELREXFIO	CANCER	SC
EMPLICITI	CANCER	IV
ENHERTU	CANCER	IV
ENJAYMO	HEMATOLOGICAL	IV
ENTYVIO	AUTOIMMUNE	IV
EPKINLY	CANCER	SC
EPOGEN	BLOOD MODIFIERS	IJ
EPOPROSTENOL	PULMONARY HYPERTENSION	IV
ERBITUX	CANCER	IV
ERIBULIN	CANCER	IV
EUFLEXXA	VISCO SUPPLEMENTS	IX
EVENITY	BONE DENSITY	SC
EVKEEZA	ANTIHYPERLIPIDEMIC	IV
EVOMELA	CANCER	IV
EXONDYS 51	OTHER NON-CATEGORIZED	IV
EYLEA	OPHTHALMIC	IZ
EYLEA HD	OPHTHALMIC	IZ
FABRAZYME	ENZYME DEFICIENCIES	IV
FASENRA	LUNG DISORDERS	SC
FASLODEX	CANCER	IM
FENSOLVI	ENDOCRINE	SC
FIBRYGA	HEMOPHILIA	IV
FIRMAGON	CANCER	SC
FLEBOGAMMA	IMMUNE GLOBULINS	IV
FLOLAN	PULMONARY HYPERTENSION	IV
FOLOTYN	CANCER	IV
FULPHILA	BLOOD MODIFIERS	SC
FULVESTRANT	CANCER	IM
FYARRO	CANCER	IV
FYLNETRA	BLOOD MODIFIERS	SC
GAMASTAN	IMMUNE GLOBULINS	IM
GAMIFANT	OTHER NON-CATEGORIZED	IV
GAMMAGARD	IMMUNE GLOBULINS	IJ
GAMMAGARD SD	IMMUNE GLOBULINS	IV
GAMMAKED	IMMUNE GLOBULINS	IJ
GAMMAPLEX	IMMUNE GLOBULINS	IV
GAMUNEX-C	IMMUNE GLOBULINS	IJ
GAZYVA	CANCER	IV
GEL-ONE	VISCO SUPPLEMENTS	IX

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
GENVISC 850	VISCO SUPPLEMENTS	IX
GIVLAARI	BLOOD MODIFIERS	SC
GRANIX	BLOOD MODIFIERS	SC
HALAVEN	CANCER	IV
HEMGENIX	HEMOPHILIA	IV
HEPZATO	CANCER	IA
HERCEPTIN	CANCER	IV
HERCEPTIN HYLECTA	CANCER	SC
HERZUMA	CANCER	IV
HIZENTRA	IMMUNE GLOBULINS	SC
HYALGAN	VISCO SUPPLEMENTS	IX
HYCAMTIN	CANCER	IV
HYDROXYPROGESTERONE CAPROATE	CANCER	IM
HYQVIA	IMMUNE GLOBULINS	SC
IBANDRONATE	BONE DENSITY	IV
IDAMYCIN PFS	CANCER	IV
IDOSE TR	OPHTHALMIC	10
ILARIS	AUTOIMMUNE	SC
ILUMYA	AUTOIMMUNE	SC
ILUVIEN	OPHTHALMIC	IZ
IMDELLTRA	CANCER	IV
IMFINZI	CANCER	IV
IMJUDO	CANCER	IV
IMLYGIC	CANCER	LS
INFLECTRA	AUTOIMMUNE	IV
INFLIXIMAB	AUTOIMMUNE	IV
ISTODAX	CANCER	IV
IXEMPRA	CANCER	IV
IZERVAY	OPHTHALMIC	IZ
JELMYTO	CANCER	UL
JEMPERLI	CANCER	IV
JESDUVROQ	BLOOD MODIFIERS	OR
JEVTANA	CANCER	IV
KADCYLA	CANCER	IV
KALBITOR	HEMATOLOGICAL	SC
KANJINTI	CANCER	IV
KANUMA	ENZYME DEFICIENCIES	IV
KEYTRUDA	CANCER	IV
KHAPZORY	CANCER	IV
KIMMTRAK	CANCER	IV

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
KISUNLA	OTHER NON-CATEGORIZED	IV
KRYSTEXXA	OTHER NON-CATEGORIZED	IV
KYMRIAH	CANCER	IV
KYPROLIS	CANCER	IV
LAMZEDE	ENZYME DEFICIENCIES	IV
LANREOTIDE	ENDOCRINE	SC
LEMTRADA	MULTIPLE SCLEROSIS	IV
LENMELDY	OTHER NON-CATEGORIZED	IV
LEQEMBI	OTHER NON-CATEGORIZED	IV
LEUKINE	BLOOD MODIFIERS	IJ
LOQTORZI	CANCER	IV
LUCENTIS	OPHTHALMIC	IZ
LUMIZYME	ENZYME DEFICIENCIES	IV
LUNSUMIO	CANCER	IV
LUPRON DEPOT	CANCER	IM
LUPRON DEPOT	ENDOCRINE	IM
LUPRON DEP-PED	ENDOCRINE	IM
LUXTURNA	OPHTHALMIC	IO
LYFGENIA	BLOOD MODIFIERS	IV
MARGENZA	CANCER	IV
MELPHALAN	CANCER	IV
MEPSEVII	ENZYME DEFICIENCIES	IV
MITOMYCIN	CANCER	IS
MITOMYCIN	CANCER	IV
MONJUVI	CANCER	IV
MOZOBIL	BLOOD MODIFIERS	sc
MVASI	CANCER	IV
MYOBLOC	OTHER NON-CATEGORIZED	IM
NAGLAZYME	ENZYME DEFICIENCIES	IV
NELARABINE	CANCER	IV
NEULASTA	BLOOD MODIFIERS	sc
NEULASTA ONPRO KIT	BLOOD MODIFIERS	sc
NEUPOGEN	BLOOD MODIFIERS	IJ
NEXVIAZYME	ENZYME DEFICIENCIES	IV
NIPENT	CANCER	IV
NIVESTYM	BLOOD MODIFIERS	IJ
NPLATE	BLOOD MODIFIERS	SC
NUCALA	LUNG DISORDERS	SC
NULIBRY	ENZYME DEFICIENCIES	IV
NULOJIX	IMMUNOSUPPRESSANTS	IV

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
NYVEPRIA	BLOOD MODIFIERS	SC
OCREVUS	MULTIPLE SCLEROSIS	IV
OCREVUS	MULTIPLE SCLEROSIS	SC
OCTAGAM	IMMUNE GLOBULINS	IV
OCTREOTIDE	ENDOCRINE	IM
OGIVRI	CANCER	IV
OMISIRGE	CANCER	IV
ОМУОН	AUTOIMMUNE	IV
ONCASPAR	CANCER	IJ
ONIVYDE	CANCER	IV
ONPATTRO	OTHER NON-CATEGORIZED	IV
ONTRUZANT	CANCER	IV
OPDIVO	CANCER	IV
OPDUALAG	CANCER	IV
OPFOLDA	ENZYME DEFICIENCIES	OR
ORENCIA	AUTOIMMUNE	IV
OXLUMO	OTHER NON-CATEGORIZED	SC
PACLITAXEL	CANCER	IV
PADCEV	CANCER	IV
PANZYGA	IMMUNE GLOBULINS	IV
PAVBLU	OPHTHALMIC	IZ
PEDMARK	CANCER	IV
PEMETREXED	CANCER	IV
PEMFEXY	CANCER	IV
PEMRYDI RTU	CANCER	IV
PHESGO	CANCER	SC
PHOTOFRIN	CANCER	IV
PIASKY	HEMATOLOGICAL	IJ
PLERIXAFOR	BLOOD MODIFIERS	SC
POLIVY	CANCER	IV
POMBILITI	ENZYME DEFICIENCIES	IV
PORTRAZZA	CANCER	IV
PRALATREXATE	CANCER	IV
PRIVIGEN	IMMUNE GLOBULINS	IV
PROCRIT	BLOOD MODIFIERS	IJ
PROLASTIN-C	LUNG DISORDERS	IV
PROLEUKIN	CANCER	IV
PROLIA	BONE DENSITY	SC
PROVENGE	CANCER	IV
QALSODY	OTHER NON-CATEGORIZED	IT

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
RADICAVA	OTHER NON-CATEGORIZED	IV
REBLOZYL	BLOOD MODIFIERS	SC
REBYOTA	GASTROINTESTINAL	RE
RECLAST	BONE DENSITY	IV
RELEUKO	BLOOD MODIFIERS	IJ
RELEUKO	BLOOD MODIFIERS	SC
REMICADE	AUTOIMMUNE	IV
REMODULIN	PULMONARY HYPERTENSION	IJ
RENFLEXIS	AUTOIMMUNE	IV
RETACRIT	BLOOD MODIFIERS	IJ
REVATIO	PULMONARY HYPERTENSION	IV
RIABNI	CANCER	IV
RIASTAP	HEMOPHILIA	IV
RITUXAN	CANCER	IV
RITUXAN HYCELA	CANCER	SC
ROCTAVIAN	HEMOPHILIA	IV
ROLVEDON	BLOOD MODIFIERS	SC
ROMIDEPSIN	CANCER	IV
RUXIENCE	CANCER	IV
RYBREVANT	CANCER	IV
RYLAZE	CANCER	IM
RYPLAZIM	HEMATOLOGICAL	IV
RYSTIGGO	OTHER NON-CATEGORIZED	SC
RYTELO	CANCER	IV
SANDOSTATIN LAR	ENDOCRINE	IM
SAPHNELO	AUTOIMMUNE	IV
SCENESSE	OTHER NON-CATEGORIZED	SC
SILDENAFIL	PULMONARY HYPERTENSION	IV
SIMPONI ARIA	AUTOIMMUNE	IV
SKYRIZI	AUTOIMMUNE	IV
SKYSONA	OTHER NON-CATEGORIZED	IV
SOLIRIS	HEMATOLOGICAL	IV
SOMATULINE	ENDOCRINE	SC
SPEVIGO	AUTOIMMUNE	IV
SPEVIGO	AUTOIMMUNE	SC
SPINRAZA	OTHER NON-CATEGORIZED	IT
SPRAVATO	DEPRESSION	NA
STELARA	AUTOIMMUNE	IV
STIMUFEND	BLOOD MODIFIERS	SC
SUPARTZ FX	VISCO SUPPLEMENTS	IX

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
SUPPRELIN LA	ENDOCRINE	SC
SUSVIMO	OPHTHALMIC	IZ
SYFOVRE	OPHTHALMIC	IZ
SYLVANT	CANCER	IV
SYNAGIS	LUNG DISORDERS	IM
SYNVISC	VISCO SUPPLEMENTS	IX
SYNVISC ONE	VISCO SUPPLEMENTS	IX
TALVEY	CANCER	SC
TECARTUS	CANCER	IV
TECELRA	CANCER	IV
TECENTRIQ	CANCER	IV
TECENTRIQ	CANCER	SC
TECVAYLI	CANCER	SC
TEMSIROLIMUS	CANCER	IV
TEPADINA	CANCER	IJ
TEPEZZA	ENDOCRINE	IV
TEVIMBRA	CANCER	IV
TEZSPIRE	LUNG DISORDERS	SC
THIOTEPA	CANCER	IJ
THROMBATE III	OTHER NON-CATEGORIZED	IV
THYROGEN	OTHER NON-CATEGORIZED	IM
TICE BCG	CANCER	IS
TIVDAK	CANCER	IV
TOFIDENCE	AUTOIMMUNE	IV
TOPOTECAN	CANCER	IV
TORISEL	CANCER	IV
TRAZIMERA	CANCER	IV
TREANDA	CANCER	IV
TRELSTAR MIXJECT	CANCER	IM
TREMFYA	AUTOIMMUNE	IV
TREPROSTINIL	PULMONARY HYPERTENSION	IJ
TRISENOX	CANCER	IV
TRIVISC	VISCO SUPPLEMENTS	IX
TRODELVY	CANCER	IV
TRUXIMA	CANCER	IV
TYENNE	AUTOIMMUNE	IV
TYSABRI	MULTIPLE SCLEROSIS	IV
TZIELD	DIABETES	IV
UDENYCA	BLOOD MODIFIERS	SC
UDENYCA ONBODY	BLOOD MODIFIERS	SC

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
ULTOMIRIS	HEMATOLOGICAL	IV
UNITUXIN	CANCER	IV
UPLIZNA	OTHER NON-CATEGORIZED	IV
UPTRAVI	PULMONARY HYPERTENSION	IV
VABYSMO	OPHTHALMIC	IZ
VAFSEO	BLOOD MODIFIERS	OR
VALRUBICIN	CANCER	IS
VALSTAR	CANCER	IS
VECTIBIX	CANCER	IV
VEGZELMA	CANCER	IV
VELCADE	CANCER	IJ
VELETRI	PULMONARY HYPERTENSION	IV
VEOPOZ	OTHER NON-CATEGORIZED	IJ
VIDAZA	CANCER	IJ
VILTEPSO	OTHER NON-CATEGORIZED	IV
VIMIZIM	ENZYME DEFICIENCIES	IV
VISCO-3	VISCO SUPPLEMENTS	IX
VISUDYNE	OPHTHALMIC	IV
VIVIMUSTA	CANCER	IV
VPRIV	ENZYME DEFICIENCIES	IV
VYJUVEK	DERMATOLOGICS	EX
VYLOY	CANCER	IV
VYONDYS 53	OTHER NON-CATEGORIZED	IV
VYVGART	OTHER NON-CATEGORIZED	IV
VYVGART HYTRULO	OTHER NON-CATEGORIZED	SC
VYXEOS	CANCER	IV
XEMBIFY	IMMUNE GLOBULINS	SC
XENPOZYME	ENZYME DEFICIENCIES	IV
XEOMIN	OTHER NON-CATEGORIZED	IM
XGEVA	BONE DENSITY	SC
XIAFLEX	OTHER NON-CATEGORIZED	IJ
XOLAIR	LUNG DISORDERS	SC
YERVOY	CANCER	IV
YESCARTA	CANCER	IV
YONDELIS	CANCER	IV
ZALTRAP	CANCER	IV
ZANOSAR	CANCER	IV
ZARXIO	BLOOD MODIFIERS	IJ
ZEMAIRA	LUNG DISORDERS	IV
ZEPZELCA	CANCER	IV

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Specialty Drug Management List

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
ZIEXTENZO	BLOOD MODIFIERS	SC
ZIIHERA	CANCER	IV
ZIRABEV	CANCER	IV
ZOLADEX	CANCER	SC
ZOLEDRONIC ACID	BONE DENSITY	IV
ZOLGENSMA	OTHER NON-CATEGORIZED	IV
ZYNLONTA	CANCER	IV
ZYNTEGLO	BLOOD MODIFIERS	IV
ZYNYZ	CANCER	IV

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

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the specialty pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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 تساعده أسائلة، فلايك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية نكلفة. 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 તમે મદદ કરી ૨ા હોય એવી કોઇ બીજી યક્તિને એસ.બી.એમ. કાયર્ક્રમ બાબતે પ્રો હોય, તો તમને િવના ખયેર, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે.દભાિષયા સાથે વાત કરવા માટ આ નબર 855-710-6984 પર કાલ કરો.
िहदी Hindi	यिद आपके , या आप िजसकी सहायता कर रहे ह उसके , प्रन ह , तो आपको अपनी भाषा म िनःशु क सहायता और जानकारी प्रा त करने का अधकार है । िकसी अनुवादक से बात करने केिलए 855-710- 6984 पर कॉल कर ।.
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 کـمک مـي کنید، سؤالی داشته باشید، حق این را دارید که به زبان خود، به طـور رايگـان کمک و اطـالعات دریافـت نمایید. جـهت گفتگو با ییک مـنرجم شفاهی، با شماره 855-710-6984 نمـاس حاصـل نمایید
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek 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 tagasalin-wika, tumawag sa 855-710-6984.
ار دو Urdu	اگر آپ کسی، یا کسی ایسے نرد کس جس کسی آپ مدد کررہے ہیں، کسوئی سوال درپیش ہے تس، آپ کسی اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لئیے، 855-710-4984 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 Phone: 855-664-7270 (voicemail)

 300 E. Randolph St.
 TTY/TDD:
 855-661-6965

 35th Floor
 Fax:
 855-661-6960

Chicago, Illinois 60601 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 Phone: 800-368-1019 200 Independence Avenue SW TTY/TDD: 800-537-7697

Room 509F, HHH Building 1019 Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf Washington, DC 20201 Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html