



Specialty Drug Program

RX Benefit Member Guide



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of the Blue Cross and Blue Shield Association

bcbsm.com



Enrollment Form for Walgreens Specialty Pharmacy, LLC.

How to place your initial order with Walgreens Specialty Pharmacy:

- 1) Print and complete the Enrollment Form. Please print clearly.
- 2) Attach ORIGINAL prescription provided by your physician or ask your physician to fax the prescription to Walgreens Specialty Pharmacy at 1.866.515.1356.
- 3) Mail Enrollment Form and ORIGINAL prescription to Walgreens Specialty Pharmacy, 41460 Haggerty Circle South, Canton, Michigan 48188.

If you have questions or concerns, please call the Walgreens Specialty Pharmacy Customer Care Team toll free at 1.866.515.1355. Our hours are Monday through Friday, 8:00 a.m. to 8:00 p.m. and Saturday 8 a.m. to 5 p.m.

Step 1: Demographic Information

Subscriber's Name _____ Date of Birth ____/____/____
 Policy # _____ Group # _____
 Patient Name _____ Date of Birth ____/____/____
 Delivery Address _____
 Day Phone Number w/area code _____ Evening Phone Number w/area code _____
 E-mail Address _____
 Physician's Name _____ Phone Number w/area code _____
 Check One: Original Prescription Enclosed Physician Will Fax Prescription

Step 2: Delivery Information

Requested Date of Delivery ____/____/____ (You will be contacted by Walgreens Specialty Pharmacy if the delivery date cannot be accommodated. Deliveries are available Tuesday through Friday.)
 Medication(s) Requested _____

Supplies Needed* No Yes If yes, please circle supplies needed:
 Alcohol Wipes Sharps Container Pen Needles Injection Syringes Mixing Syringes Inject-Ease

*Please note: Walgreens Specialty Pharmacy provides standard supplies as a courtesy and cannot accommodate special requests. The quantity of supplies sent is based on the days supply of medication dispensed.

Step 3: Payment Information

1) **Paying by Credit Card** (circle one) Visa MC Discover AMEX
 Credit Card # _____ Exp Date ____/____
 Security Code _____ (3 digits on back of card for Visa and 4 digits on front of card for AMEX)
 Cardholder's Signature _____

Check here to authorize Walgreens Specialty Pharmacy to bill and debit your credit card for future orders. Call Walgreens Specialty Pharmacy at 1.866.515.1355 to set up autopay by phone.

2) **Paying by Check via Phone** (circle one) Checking Savings
 Account Number _____ Routing Number _____
 Signature _____ Name of Financial Institution _____

Check here to authorize Walgreens Specialty Pharmacy to bill your checking/savings account for future orders. Call Walgreens Specialty Pharmacy at 1.866.515.1355 to set up autopay by phone.

3) Paying by Check or Money Order via Mail.

Please make your check or money order payable to Walgreens Specialty Pharmacy, and mail to: Walgreens Specialty Pharmacy, 41460 Haggerty Circle South, Canton, Michigan 48188.

Specialty drugs are used to treat complex conditions

Specialty drugs are prescription medications that require special handling, administration or monitoring. These drugs treat complex and chronic conditions, including:

- Cancer
- Chronic kidney failure
- Multiple sclerosis
- Organ transplants
- Rheumatoid arthritis

There are two ways to fill specialty drug prescriptions

You can fill prescriptions for specialty drugs at a retail pharmacy, but not all pharmacies will dispense specialty drugs. Call your pharmacy in advance to verify that it can fill your prescription.

Blue Cross Blue Shield of Michigan and Blue Care Network also offer mail order service and support programs through Walgreens Specialty Pharmacy, an independent company that provides specialty pharmacy services for Blues members.

If you have questions about BCBSM and BCN's specialty drug program, please call Walgreens Specialty Pharmacy at 1-866-515-1355 or visit the website at **WalgreensHealth.com***.

Ordering specialty medication is easy

You can order your specialty drugs through Walgreens Specialty Pharmacy, and your medication will arrive right at your home. Just have your doctor fax your specialty medication prescription to Walgreens Specialty Pharmacy at 1-866-515-1356, or complete the form in this guide and mail it to Walgreens Specialty Pharmacy at the address on the form.

If you choose to order your specialty medication through Walgreens Specialty mail order pharmacy, you can receive the following support services anywhere in the U.S.

* BCBSM and BCN do not control this website or endorse its general content.

- Personal attention from a patient-care coordinator who will do all of the following:
 - Discuss the best way for you to take your medicine
 - Explain possible side effects
 - Help you understand your condition
 - Call to remind you when you need a refill
- Ancillary supplies, if they're appropriate to administer your medication. They are free with each new order and then as needed if you request them. These include syringes, alcohol swabs and sharps containers.
- A dedicated customer service staff, which is available Monday through Saturday at 1-866-515-1355. Automated ordering and emergency clinical support are available 24 hours a day, seven days a week also.

If you have any questions, call the Customer Service phone number on the back of your Blue Cross Blue Shield of Michigan or Blue Care Network ID card.

Limited distribution specialty drugs

Some manufacturers limit the distribution of specialty drugs. These drugs are only available through designated pharmacies. BCBSM and BCN have been able to secure access to these drugs through Accredo Specialty Pharmacy at 1-800-803-2523 or Diplomat Specialty Pharmacy at 1-877-977-9118. For exclusive limited distribution drugs, please speak with your physician about obtaining the drug.

Specialty drug guide

Members can receive specialty drugs through the mail from Walgreens Specialty Pharmacy or get them at a retail specialty network pharmacy. They aren't available through Express Scripts Home Delivery. For the most up-to-date list, please see the *Specialty Drug Guide* on **bcbsm.com** or call the Customer Service number on the back of your Blues ID card.

Self-administered drugs** — billed through the pharmacy benefit

Our specialty pharmacy mail order vendor is Walgreens Specialty Pharmacy - 1-866-515-1355
Coverage for these drugs will vary based on your Rx benefit. See your plan's drug list for specific coverage details.

Anticoagulants

Arixtra[®] (g)
Fragmin[®]
Heparin (g)
Iprivask^{®*}
Lovenox[®] (g)

Antineoplastics (cancer drugs)

Actimmune[®]
Afinitor[®] (pa)
Afinitor Disperz[®] (pa)
Alecensa[®]
Bosulif[®] (pa)
Cabometyx[™] (pa)
Cotellic[™] (pa)
Eligard[®]
Erivedge[™] (pa)
Farydak[®] (pa)
Gleevec[®] (g)
Hycamtin[®] (pa)
Ibrance[®] (pa)
Intron[®] A (pa)
Inlyta[®] (pa)
Jakafi[™] (pa)
Lonsurf[®]
Lupron Depot[®] (g)
Matulane[®]
Mekinist[™] (pa)
Nexavar[®] (pa)
Ninlaro[®] (pa)
Odomzo[®]
Pomalyst[®] (pa)
Purixan[®] (pa)
Revlimid[®] (pa)
Sandostatin[®] (pa) (g)
Sandostatin LAR[®] (pa)
Sandostatin LAR[®]
Depot (pa)
Sprycel[®] (pa)
Stivarga[®] (pa)
Sutent[®] (pa)
Sylatron[®] (pa)
Tafinlar[®] (pa)
Tarceva[®] (pa)
Targretin[®] (pa) (g)
Tasigna[®] (pa)

Antineoplastics (cancer drugs) (continued)

Temodar[®] (g)
Thalomid[®]
Trelstar[®]
Trelstar Depot[®]
Trelstar LA[®]
Tykerb[®] (pa)
Votrient[™] (pa)
Xalkori[®] (pa)
Xeloda[®] (g)
Xtandi[®] (pa)
Zykadia[™] (pa)
Zelboraf[™] (pa)
Zoladex[™]
Zolinza[®] (pa)
Zytiga[™] (pa)

Antineoplastic support medication (chemotherapy)

Aranesp[®] (pa)
Granix[™]
Leukine[®]
Neulasta[®]
Neumega[®]
Neupogen[®]
Procrit[®] (pa)
Zarxio[®] (pa)

Antivirus/hepatitis

Baraclude[®] (g)
Copegus[®] (g)
Daklinza[™] (pa)
Harvoni[®] (pa)
Hepsera[®] (g)
Epclusa[®] (pa)
Incivek[™] (pa)
Infergen[®] (pa)
Intron[®] A (pa)
Moderiba[™]
Olysio[™] (pa)
Pegasys[®] (pa)
PegIntron[®] (pa)
Rebetol[®] (g)
Ribapak[®]

Antivirus/hepatitis (continued)

Ribasphere[®] (g)
Ribatab[®]
Sovaldi[™] (pa)
Technivie[™] (pa)
Tyzeka[®]
Vemlidy[®]
Victrelis[™] (pa)
Viekira Pak[™] (pa)
Viekira XR[™] (pa)
Zepatier[™] (pa)

Chronic kidney failure/dialysis

Aranesp[®] (pa)
Epogen[®] (pa)
Sensipar[®]

Cystic fibrosis

Bethkis[®] (pa)
Cayston[®] (pa)
Kalydeco[™] (pa)
Kitabis Pak[®] (g)
Orkambi[™] (pa)
Pulmozyme[®]
Tobi[®] (g)

Enzyme Replacement Therapy

Cerdelga[™] (pa)
Kynamro[™] (pa)
Vimizim[™]

Growth disorders

Genotropin[®] (pa)
Geref[®] (pa)
Humatrope[®] (pa)
Increlex[®] (pa)
Norditropin[®] (all forms) (pa)
Nutropin[®] (all forms) (pa)
Omnitrope[®] (pa)
Saizen[®] (pa)
Sandostatin[®] (pa) (g)
Sandostatin LAR[®] (pa)
Sandostatin LAR[®]
Depot (pa)

Growth disorders (continued)

Serostim[®] (pa)
Somatuline[®] Depot (pa)
Somavert[®] (pa)
Tev-Tropin[®] (pa)
Zomacton[®] (pa)
Zorbitive[®] (pa)

Hematological (Blood disorder)

Kuvan[®] (pa)
Mircera[®] (pa)
Promacta[®] (pa)
Samsca[™]

Hereditary angioedema

Firazyr[®] (pa)
Ruconest[®] (pa)

Hyperlipidemia

Praluent[®] (pa)
Repatha

Idiopathic pulmonary fibrosis

Esbriet[®] (pa)
Ofev[®] (pa)

Immune globulin

Cuvitru[™] (pa)
Gammagard[®] Liquid* (pa)
Gammaked^{™*} (pa)
Gamunex[®]-C* (pa)
Hizentra^{™*} (pa)
Hyqvia[™] (pa)

Self-administered drugs** — billed through the pharmacy benefit

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Coverage for these drugs will vary based on your Rx benefit. See your plan's drug list for specific coverage details.

<p><u>Inflammatory diseases</u> Actemra[®] (pa) Cimzia[®] (pa) Cosentyx[™] Enbrel[®] (pa) Humira[®] (pa) Orencia[®] Syringe (pa) Otezla[®] (pa) Otrexup[™] (pa) Rasuvo[™] (pa) Simponi[™] (pa) Stelara[®] (pa) Xeljanz[™] (pa) Xeljanz[™] XR (pa)</p> <p><u>Infertility</u> Bravelle[®] (pa) Cetrotide[®] (pa) Chorionic gonadotropin (pa) Follistim/ Follistim AQ[®] (pa) Ganirelix Acetate[®] (pa) Gonal-F[®] (pa) Menopur[®] (pa) Novarel[®] (pa) Ovidrel[®] (pa) Pregnyl[®] (pa) Repronex[®] (pa)</p>	<p><u>Iron overload</u> Exjade[®] (pa) Jadenu[™] (pa)</p> <p><u>Miscellaneous</u> Actimmune[®] Apokyn[®] Cystadane[®] Cystaran[™] (pa) Daraprim[®] Dupixent[®] (pa) Egrifta[™] (pa) Gattex[®] (pa) Glassia (pa) Hetlioz[™] (pa) Lupaneta Pack[™] Natpara[®] (pa) Northera[™] (pa) Ocaliva[™] Ravicti[®] (pa) Stimate[®] Syprine[®] (pa) Xenazine[®] (pa) (g)</p>	<p><u>Multiple sclerosis</u> Avonex[®] Ampyra[™] (pa) Aubagio[®] (pa) Betaseron[®] (pa) Copaxone[®] Extavia[®] Gilenya[®] (pa) Glatopa[™] Plegridy[™] (pa) Rebif[®] Tecfidera[™] (pa) Zinbryta[™]</p> <p><u>Organ transplant/anti-rejection</u> Astagraf XL[™] Cellcept[®] (g) Cyclosporine (oral) Envarsus[®] XR Gengraf[®] (g) Hecoria[™] Myfortic[®] (g) Neoral[®] (g) Prograf[®] (g) Rapamune[®] (g) Sandimmune[®] (g) Zortress[®]</p>	<p><u>Osteoporosis</u> Forteo[™] (pa)</p> <p><u>Psoriasis</u> Enbrel[®] (pa) Humira[®] (pa) Stelara[®] (pa) Taltz[®]</p> <p><u>Pulmonary arterial hypertension</u> Adcirca[™] (pa) Letairis[™] (pa) Opsumit[®] (pa) Tracleer[®] (pa)</p> <p><u>Seizure disorders</u> Acthar H.P.^{®*} Sabril[®]</p>
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* Not covered under the BCN pharmacy benefit.

**All BCN members and some BCBSM members are limited to 30-day supplies of these drugs.

(g) Generic available, brand-name version may not be covered under certain plans

(pa) May require prior authorization

(LD) Limited distribution drug

Limited distribution** —billed through the pharmacy benefit
Must be ordered through Accredo Specialty Pharmacy at 1-800-803-2523

Adempas [®] (pa) (LD) Arcalyst [®] (pa) (LD) Carbaglu [®] (pa) (LD) Duopa [™] (pa) (LD) Gilotrif [™] (pa) (LD)	Iressa [®] (pa) (LD) Lenvima [™] (pa) (LD) Myalept [™] (LD) Orenitram ER [™] (pa) (LD) Procysbi [™] (pa) (LD)	Remodulin [®] (LD) Signifor [®] (pa) (LD) Signifor LAR [®] (pa) (LD) Tagrisso [™] (pa) (LD) Tyvaso [™] (pa) (LD)	Uptravi [®] (LD) Valchlor [™] (pa) (LD) Ventavis [®] (pa) (LD)
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Limited distribution** —billed through the pharmacy benefit
Must be ordered through Diplomat Specialty Pharmacy at 1-877-977-9118

Cometriq [®] (pa) (LD)	Imbruvica [®] (pa) (LD)	Venclexta [™] (pa) (LD)	Zydelig [™] (pa) (LD)
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Exclusive limited distribution**

Caprelsa [®] Chenodal [™] (pa) Cholbam [®] (pa) Cystagon [®] Feriprox [®] (pa)	Iclusig [™] (pa) Juxtapid [®] (pa) Keveyis [™] Kineret [®] (pa) Korlym [®] (pa)	Lynparza [™] (pa) Orfadin [®] Strensiq [™] (pa) Sucraid [®] Vistogard [®]	Xuriden [®] (pa) Xyrem [®] (pa) Zavesca [®] (pa)
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(g) Generic available, brand-name version may not be covered under certain plans

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(LD) Limited distribution drug

We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta.

إذا كنت أنت أو شخص آخر تساعد بحاجة لمساعدة، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話。

كيسايف، نيم بيد فيزي فوكا ديسايف، هيسير مطوق، نينيا كاك
كيسايف، كينيلكوك، كيميلوك، كيميلوك، كيميلوك، كيميلوك، كيميلوك، كيميلوك
كيسايف، كيميلوك، كيميلوك، كيميلوك، كيميلوك، كيميلوك، كيميلوك، كيميلوك

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону отдела обслуживания клиентов, указанному на обратной стороне вашей карты.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.