

Specialty Drug Program

Specialty drugs are used to treat serious or chronic conditions such as multiple sclerosis, hemophilia, hepatitis, and rheumatoid arthritis. These drugs are typically injected and can be given by the patient or a family member. Your doctor can tell you if your drug is a specialty drug or you can log in to coupehealth.com to review the Specialty Drug List under Pharmacy Resources.

Specialty drug pharmacies are experts in getting drugs and services to patients who have complex needs. They will give you educational materials about your condition and your drugs. They will deliver them right to your home on your schedule. You will also get 24-hour access to pharmacists who can answer your questions.

How the program helps you

Under the Coupe Health financing benefit, you will work with Prime Therapeutics Specialty Pharmacy to receive your specialty drug(s). Prime Therapeutics Specialty Pharmacy is an expert in handling the specialty drug(s) you are taking.

Your Specialty Pharmacy benefit encourages you to enroll in financial assistance such as manufacturer coupons or co-pay assistance to help you, your employer and the plan save money. Many assistance programs require your consent or direct enrollment. Prime Therapeutics Specialty Pharmacy will assist in identifying financial assistance options available to you, walk you through the enrollment process, and inform you of who to contact to enroll, as allowed by the program.

When you use Prime Therapeutics Specialty Pharmacy, you will not pay a copay at the time of dispensing. Your final member responsibility will be billed on your Coupe Health monthly statement. Enrollment in a financial assistance program such as manufacturer coupons or co-pay assistance before your prescription is dispensed may lower your final member responsibility to as low as \$0. There are no extra costs for shipping and handling.

Reminder: Your member responsibility is set by Coupe Health. If you have questions about your final copay, then please call the number on the back of your card or statement.

To get started

The primary specialty pharmacy you will utilize as part of the Coupe Health financing benefit is Prime Therapeutics Specialty Pharmacy. In certain cases, Prime Therapeutic Specialty Pharmacy may not be able to dispense or may not have your specialty drug in stock. When this occurs, you may choose to fill your specialty drug from one of the specialty pharmacies listed below.

1. To determine if your drug is a specialty drug, please log in to coupehealth.com to review the Specialty Drug Management List. You will find this under the Pharmacy Resources section after clicking on “Plan & Coverage”.

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2. In most cases, Prime Therapeutics Specialty Pharmacy will be your primary specialty pharmacy, and you will need to call them at 1-866-554-2673 to enroll as a new patient. You will need to provide some details including your full name, address, date of birth, contact phone and/or email, insurance, prescriber, and medication related information such as what you are using the drug to treat.
3. Ask your provider to send your prescription electronically, by fax or by mail to Prime Therapeutics Pharmacy (Specialty, Orlando NPI 1245241884 or Specialty, West Valley City NPI 1356790364).
4. If you have refills remaining on a prior prescription at another pharmacy, it may be transferable. Have your previous pharmacy information, prescription number and phone number available when you call Prime Therapeutics Specialty Pharmacy to enroll.
5. Please note, prior to scheduling delivery, your verbal consent and confirmation of shipping details will be required.
6. For help determining which specialty pharmacy will be required to fill your specialty drug or if you have additional questions, contact a Coupe Health Valet at the phone number on the back of your member ID card.

Specialty Network Pharmacies

The specialty pharmacy you are required to use for the Coupe Health financing benefit is Prime Therapeutic Specialty Pharmacy. In certain cases, Prime Therapeutic Specialty Pharmacy may not be able to dispense or may not have your specialty drug in stock. When this occurs, you may choose to fill your specialty drug from one of the specialty pharmacies listed below.

When you fill at a specialty pharmacy listed below, financial assistance, such as manufacturer coupons or co-pay assistance, will not be applied. You will not pay a copay at the time of dispensing. Your final member responsibility will be billed on your Coupe Health monthly statement. There are no extra costs for shipping and handling.

Accredo (for all specialty drugs except hemophilia drugs)

Phone: 1-866-470-9554

Fax: 1-888-302-1028

Allina Health (for all specialty drugs except hemophilia drugs)

Phone: 1-866-462-2057 or 1-612-775-3100

Fax: 1-612-775-3150

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Children's Home Care (for hemophilia drugs only)

Phone: 1-866-656-1020

Fax: 1-612-813-7207

Essentia Health (for all specialty drugs except hemophilia drugs)

Phone: 1-844-380-5626 or 1-715-817-7145

Fax: 1-218-786-7368

Fairview Specialty Pharmacy (for all specialty drugs)

Phone: 1-800-595-7140

Fax: 1-866-347-4939

North Memorial Health Pharmacy – Specialty Center

(for all specialty drugs except hemophilia drugs)

Phone: 1-763-581-6333 or toll-free number 1-877-520-5307

Fax: 1-763-581-2814

Sanford Pharmacy (for all specialty drugs except hemophilia drugs)

Phone: 1-701-234-7600

Fax: 1-701-234-2405

Thrifty White Specialty Pharmacy (for all specialty drugs except hemophilia drugs)

Phone: 1-855-611-3399

Fax: 1-855-423-8300

Ordering refills

The specialty pharmacy that dispenses your specialty drug will call you before your next scheduled refill. They will confirm your order and dose and discuss any changes from your provider. They will also coordinate your next shipment.

Please note, prior to scheduling delivery, your verbal consent and confirmation of shipping details will be required.

Notice of Nondiscrimination and Accessibility

At Coupe Health, we treat everyone fairly. We don't exclude you, or treat you less favorably, because of your race, skin color, national origin, age, disability status, or sex (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes). We follow federal civil rights laws and don't discriminate against anyone based on these traits.

If you communicate best in a language other than English, you can request free language assistance services.

If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge.

Need these services? Call 1-833-749-1969 (TTY:711).

Discrimination is against the law

If we failed to provide services or discriminated in another way based on your race, skin color, national origin, age, disability status, or sex, (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes), you can file a complaint with our Civil Rights Coordinator.

Nondiscrimination complaint forms and assistance with completing the form are available by calling 1-833-749-1969 (TTY:711) or emailing HealthValet@coupehealth.com.

Email the completed form to Civil.Rights.Coord@CoupeHealth.Com or send it by mail to:

Coupe Health
Attn: Civil Rights Coordinator P3-2
P.O. Box 64560
Eagan, MN 55164-0560

You can also file a civil rights complaint with the U.S. Department of Health and Human Services

- electronically through the Office for Civil Rights complaint portal: ocrportal.hhs.gov/ocr/portal/lobby.jsf
- by mail at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201
- or by phone at: 1-800-368-1019, 1-800-537-7697 (TDD)

Civil right complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ENGLISH

ATTENTION: If you speak a language other than English, language services are available free of charge. If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge. Call 1-833-749-1969 (TTY 711).

ESPAÑOL (Spanish)

ATENCIÓN: Si habla Español, puede solicitar servicios gratuitos de asistencia lingüística. Si tiene una deficiencia visual, auditiva o del habla, podemos comunicarnos de la manera que le resulte mejor a usted. Esto puede incluir el uso de intérpretes de lengua de señas, el suministro de documentos en letra grande o braille, grabaciones de audio u otras ayudas sin cargo. Llame al 1-833-749-1969 (TTY 711).

العربية (Arabic)

تنبيه: إذا كنت تتحدث العربية، يمكنك طلب خدمات المساعدة اللغوية المجانية. إذا كنت تعاني من إعاقة بصرية أو سمعية أو لفظية، يمكننا التواصل معك بالطريقة التي تناسبك. وقد يشمل ذلك استخدام مترجمين للغة الإشارة، أو توفير المستندات بحروف كبيرة أو بطريقة برايل، أو تسجيلات صوتية، أو غيرها من الوسائل المساعدة من دون مقابل. اتصل على الرقم 1-833-749-1969 (الهاتف النصي 711).

አማርኛ (Amharic)

ትኩረት ይሰጥ:- አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እገዛ አገልግሎቶችን መጠየቅ ይችላሉ። የማየት፣ የመስማት ወይም የመናገር ችግር ካለብዎት ለእርስዎ በተሻለ በሚሠራው መንገድ መግባባት እንችላለን። ይህ ደግሞ የምልክት ቋንቋ አስተርጓሚዎችን መጠቀምን፣ በትላልቅ ህትመቶች ወይም በብሬይል የተጻፉ ሰነዶችን፣ የድምፅ ቅጂዎችን ወይም ሌሎች መርጃዎችን ያለ ክፍያ ማቅረብን ይጨምራል። 1-833-749-1969 (TTY 711) ላይ ይደውሉ።

LUS HMOOB (Hmong)

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob, koj tuaj yeem thov cov kev pab cuam uas pab hom lus tau dawb. Yog hais tias koj qhov muag tsis pom kev zoo, tsis hnov lus, los sis hais tsis tau lus, peb tuaj yeem sib txuas lus hauv ib txoj hau kev uas ua hauj lwm tau zoo tshaj plaws rau koj. Qhov no tej zaum yuav muaj xam nrog kev siv cov neeg txhais lus piav tes, kev muab cov ntaub ntawv luam tawm ua tus ntawv loj los sis Ua Ntawv Su Rau Cov Neeg Tsis Pom Kev Siv Tau (Braille), kev kaw ua suab lus, los sis lwm yam kev pab yam tsis tau them nqi. Hu rau 1-833-749-1969 (TTY 711).

廣東話 (Cantonese – Traditional Chinese)

請注意：如果您說 廣東話 您可要求免費語言協助服務。如果您有視力、聽力或言語障礙，我們會以最適合您的方式與您溝通 這可能包括使用手語傳譯員、免費提供大字體或點字文件、錄音或其他輔助工具。請致電 1-833-749-1969 聽障熱線 (TTY 711)。

简体中文 (Chinese Simplified)

注意：如果您说普通话，则可以免费申请语言协助服务。如果您有视力、听力或语言障碍，我们可以用最适合您的方式与您交流。这可能包括免费提供手语翻译、大字体或盲文文件、录音或其他辅助工具。请致电 1-833-749-1969 (文字电话 711)。

SOOMALI (Somali)

XASUUSIN: Haddii aad ku hadasho Soomali, waxaad codsan kartaa adeegyada caawimaadda luqada oo bilaash ah. Haddii aad laxaad la'aan kataahy aragga, maqalka, ama hadalka, waxaanu kugula xidhiidhi karnaa habka adiga kuugu habboon. Tan waxaa ka mid ah in aan isticmaalno turjumaanada luuqada dhegoolaha, in la bixiyo waraaqo ku qoran xarfaha waaweyn ama qoraalka indhoolayaasha, in la sameeyo cajalado la duubay, ama in la helo waxyaabo kale oo caawimaad ah oo bilaash ah. Wac 1-833-749-1969 (TTY 711).

FRANÇAIS (French)

ATTENTION : Si vous parlez Français, vous pouvez demander des services d'assistance linguistique gratuits. Si vous avez une déficience visuelle, auditive ou vocale, nous pouvons communiquer de la manière qui vous convient le mieux. Il peut s'agir d'interprètes en langue des signes, de documents en gros caractères ou en braille, d'enregistrements audio ou d'autres aides gratuites. Composez le 1-833-749-1969 (ATS 711).

ខ្មែរ (Khmer)

ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ អ្នកអាចប្រសើរសរសេរជំនួយឧបករណ៍ភាសាប្រោយឥតគិតថ្លៃ ប្រសិនបើអ្នកមានប្រព័ន្ធស្រាវជ្រាវមិនធម្មតា ឬនិយាយមិនបាន ប្រយោជន៍អាចប្រៀបធៀបទាក់ទងជាមួយ អ្នកតាមរបៀបសំឡេងឧបករណ៍ស្រាវជ្រាវសិទ្ធិពលរដ្ឋ ឥស្សរៈ ឬអ្នកប្រើប្រាស់ប្រព័ន្ធស្រាវជ្រាវទាក់ទងនេះអាចមានដូចជា អ្នកកម្មវិធីភាសាសំឡេង ការសាល័យសិក្សាខ្ពស់បច្ចេកទេសព័ត៌មាន អ្នកប្រើប្រាស់ ឬការលក់ កម្មវិធីសំឡេង ឬជំនួយប្រយោជន៍ ប្រយោជន៍ឥតគិតថ្លៃ ទូរសព្ទប្រយោជន៍ 1-833-749-1969 (TTY 711)។

한국어 (Korean)

주의: 한국어를 사용하시는 경우 귀하는 무료 언어 지원 서비스를 요청하실 수 있습니다. 시각 장애, 청각 장애 또는 언어 장애가 있는 경우 저희는 귀하에게 가장 적합한 방법으로 연락을 드릴 수 있습니다. 여기에는 수화통역사 이용, 대형 활자 또는 점자로 작성된 문서 제공, 음성 녹음 또는 기타 무료 지원이 포함될 수 있습니다. 1-833-749-1969 (TTY 711) 번으로 전화하십시오.

ကညီကူ (Karen)

ပတ်သ တ်ပတ်သး- နမံတ တဝိကညီကူ ဝိုတ်န တ်,
နယက တ်ဂီဝတဏှ စဝိဝိဝ
ဝိဝလတလ တ်ဘးလဲသန တ်လီဝိဝိဝ နမံအ
တ်ဒီးတဏှ လတပဲဝိဝလ မဲတ်တဏှ တ်, တ်နဏှ
, မတမံတစးကတဝိဝတ်န စပဆဲးက ဆဲးက ဝးတဏှ
ကဲကဲထီ တ်လ ဖ်ထီ တ်အဂ ဝိဝကတဏှ နဂီဏှ န
တ်လီဝိဝိဝ တဏှ ဝိဝ ပတ်သ တ်ဒီး တ်စ ဝးကါ နီခ
ကီဝ ဝိဝက တ်အပ ဝိဝက တ်ထ တဏှ ဖ တ်, တဏှ
တ်လ တ်လဲဏှ ဖ တ်လ အလ တ်ဖ တ်ဖးဒ တ်,
မတမံ
ပဝိဝမဲ တ်ဘး တ်အလ တ်, တ်ဏှ လ, မ တမံ တ်စ
ဝိဝစ ဝိဝဂ ဝိဝဂါတဖ စ လ တလ တ်အဘ ဝးလဲန
တ်လီဝိဝိဝ က ဝးလီတဲစ ဆ

1-833-749-1969 (TTY 711) တက ဝိဝတ်

မြန်မာ (Burmese)

သတ ပြုရန်- သင်သည် ပမန်မ ဘ သ စက ဝးက ပပပ ပါကါ
အခဲဘ သ စက ဝး အက အညီ ဝန်ပဆ င်မှုမ ဝးက
ပတ င်းဆ နင်ပါသည်။ သင်တွင် အပမင်အ ရှ အကက ဝးအ ရှ
သမဟတ် စက ဝးပပပ ပခင်း ခ ငြုဇိုဝုယွင်းမှုရ ပနပါက သင်
အတွက် အသင်ပလ တ်ဆးပစာမညတ်နည်းလမ်းပဖင် ကျွန်
ဟ်တထသ ဆက်သွယ်နင်ပါသည်။ ၎င်းတွင် လက်ဟန်ပပဘ
သ စက ဝးစက ဝးပပနန်မ ဝးက အသ ဝးပပြုပခင်း၊ စ ရှက်စ
တမ်းမ ဝးက
ပနန်စ လ ဝးကကီးမ ဝး သမဟတ် မ က်မပမင်စ ပဖင် ပပ
ဝးပပပခင်း၊ အသဖမ်းယ ပခင်းမ ဝး သမဟတ်
အပခ ဝးအပထ က်အက မ ဝးပဖင်အခဲပပ ဝးပပပခင်းတ
ပါဝင်ပါသည်။ 1-833-749-1969
(TTY 711) သ ဖ န်းပခေါ်ခပပါ။

OROMOO (Oromo)

Xiyyeeffannoon haa kennamu:- Oromo Afaan kan
dubbatan yoo ta'e, tajaajiloota gargaarsa afaanii
bilisaa gaafachuu ni dandeessu. Rakkoo ilaaluu,
dhaga'u ykn dubbachuu yoo qabaattan, karaa isiniif
mijatuun haala isiniif galuun mari'achuu ni
dandeenya. Kunis of keessatti kan qabatu, hiiktota

РУССКИЙ (Russian)

ВНИМАНИЕ: Если ваш язык — РУССКИЙ, вы можете
запросить бесплатные услуги языковой поддержки.
Если у вас есть нарушение зрения, слуха или речи, мы
можем общаться таким образом, который лучше всего
подходит вам. Это может включать бесплатное
использование переводчиков на языке жестов,
предоставление документов крупным шрифтом или
шрифтом Брайля, использование аудиозаписей или
других вспомогательных средств. Звоните по телефону
1-833-749-1969 (TTY 711).

ພາສາລາວ (Lao)

ເຂົາໃຈໃສ່: ຖ້າທ່ານເວົ້າ ພາສາລາວ,
ທ່ານສາມາດຂໍບໍລິການຊ່ວຍເຫຼືອດາວ້ນພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ.
ຖ້າທ່ານມີຄວາມບໍ່ກຳລັງຮຽດາວ້ນສາຍຕາ, ການໄດຍືນ ຫຼື

afaan mallattoo fayyadamuun maxxansa gurguddaa
ykn bireeylii, waraabbiwwan sagalee ykn gargaarsota
biroo kaffaltii tokkoo malee gaafachuu dha.
1-833-749-1969 (TTY 711) irratti bilbilaa.

ການປາກເວົ້າ,
ພວກເຮົາສາມາດສົ່ງ ສານດວ້ຍວິທີທີ່ ເໝາະສົມກັບທ່ານທີ່ ສຸດ.
ອັນນີ້ອາດຈະລວມເຖິງການໃຊ້ນ້ຳຍພາສາມື,
ການຈັດກຽມເອກະສານເປັນໂຕພິມໃຫຍ່ ຫຼື
ອັກສອນນຸນ, ການບັນທຶກສຽງ ຫຼື
ການຊ່ວຍເຫຼືອດ້ານສູນຮູ້ໂດຍບໍ່
ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທ 1-833-749-1969 (TTY
711).

Tagalog (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang humingi ng mga libreng serbisyo na tulong sa wika. Kung may kapansanan ka sa paningin, pandinig, o pananalita, maaari tayong mag-usap sa paraan na pinakamabuti para sa iyo. Maaaring kabilang dito ang

paggamit ng mga interpreter ng sign language, pagbibigay ng mga dokumento na malalaki ang pagkaprinta o Braille, mga audio recording, o iba pang mga tulong nang walang bayad. Tumawag sa 1-833-749-1969 (TTY 711).

VIETNAMESE (Vietnamese)

LƯU Ý: Nếu quý vị nói Vietnamese, quý vị có thể yêu cầu dịch vụ hỗ trợ ngôn ngữ miễn phí. Nếu quý vị bị khiếm thị, khiếm thính hoặc khuyết tật về âm ngữ, chúng tôi có thể giao tiếp theo cách phù hợp nhất với quý vị. Điều này có thể bao gồm việc sử dụng thông dịch viên ngôn ngữ ký hiệu, cung cấp tài liệu dạng bản in cỡ chữ lớn hoặc chữ nổi, bản ghi âm hoặc các phương tiện hỗ trợ khác miễn phí. Xin gọi số 1-833-749-1969 (TTY 711).

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