

Limited Pharmacy Distribution Drug List for CalPERS Plus Drug Formulary

This list reflects medications that can only be obtained from Blue Shield’s Network Specialty Pharmacy, or from a non-network specialty pharmacy when not available for dispensing from the Network Specialty Pharmacy. They are not available through retail pharmacies. Drug manufacturers or the U.S. Food and Drug Administration limit which pharmacy(s) may obtain and dispense these medications to patients. The medications are listed by the most common medical condition for which they are used. Most will require prior authorization – please check the Blue Shield Plus Drug Formulary available as a [PDF](#) or, you can [search](#) by brand and generic names.

- You can access drug formulary information in the Pharmacy Benefits section at the CalPERS Blue Shield member page at https://blueshieldca10-prod.modolabs.net/plans_benefits/.
- You can find a Blue Shield Network Specialty Pharmacy at <https://www.blueshieldca.com/wellness/drugs/specialty-pharmacy>.
- You may also call your CalPERS customer service phone number listed on your Blue Shield ID card if you need assistance.

NOTE: Drugs administered by a healthcare professional (not self-administered) or provided as part of a home health or home infusion service are not listed in this document. Coverage may be provided as part of a medical service, subject to applicable deductibles and copays.

Arthritis/Psoriasis		
Actemra syringe/Actemra actpen (Enbrel, Humira preferred)	Kineret (Enbrel, Humira preferred)	Simponi (Cosentyx, Enbrel, Humira preferred)
Cimzia syringe (Cosentyx, Enbrel, Humira preferred)	Olumiant (Enbrel, Humira preferred)	Skyrizi
Cosentyx	Orencia syringe, autoinjector (Cosentyx, Enbrel, Humira preferred)	Stelara (Cosentyx, Enbrel, Humira preferred)
Enbrel	Otezla (Cosentyx, Enbrel, Humira preferred)	Taltz (Cosentyx, Enbrel, Humira preferred)
Enbrel mini (Enbrel syringe/autoinjector preferred)	Otrexup	Tremfya (Cosentyx, Enbrel, Humira preferred)
Humira	Rasuvo	Xeljanz (Enbrel, Humira preferred)
Kevzara (Enbrel, Humira preferred)	Siliq (Cosentyx, Enbrel, Humira preferred)	Xeljanz XR (Enbrel, Humira preferred)
Blood Modifiers		
Aranesp (Retacrit preferred)	Mozobil	Promacta
Doptelet	Mulpleta	Retacrit
Fulphila	Neulasta	Tavalisse
Granix	Neupogen	Udenyca
Leukine	Nivestym	Zarxio
Mircera	Procrit	
Cancer		
abiraterone acetate ^s (Zytiga)	Inlyta ^s	Tafinlar
Afinitor ^s , Afinitor Disperz ^s	Iressa ^s	Tagrisso ^s
Alecensa	Jakafi ^s	Talzenna

Alunbrig	Kisqali /Kisqali Femara Co-Pack	Tasigna [§]
Balversa	Lenvima	temozolomide capsule (Temodar)
bexarotene (Targretin) [§]	leuprolide 1mg kit	Thalomid
Bosulif [§] (imatinib preferred)	Lonsurf	Tibsovo
Braftovi	Lorbrena	Tykerb
Cabometyx	Lynparza [§]	Valchlor
capecitabine (Xeloda) [^]	Matulane	Venclexta
Caprelsa (vandetanib)	Mekinist	Verzenio
Cometriq [§]	Mektovi	Vitrakvi
Copiktra	Nerlynx [§]	Vizimpro
Cotellic	Nexavar [§]	Votrient [§]
Daurismo	Ninlaro	Xalkori [§]
Erleada	Odomzo	Xtandi [§]
Erivedge [§]	Piqray	Xospata
erlotinib (Tarceva) [§]	Pomalyst	Xpovio
Farydak	Purixan	Yonsa
Gilotrif	Revlimid	Zejula
Hycamtin	Rubraca [§]	Zelboraf
Ibrance	Rydapt	Zolinza [§]
Iclusig	Sprycel [§] (imatinib preferred)	Zydelig
Idhifa	Stivarga	Zykadia [§]
Imatinib (Gleevec)	Sylatron, Sylatron 4-pack	Zytiga [§]
Imbruvica [§]	Sutent [§] (imatinib preferred for GIST)	
Carcinoid Syndrome Diarrhea		
octreotide (Sandostatin) for SQ	Xermelo	
Cystic Fibrosis		
Bethkis	tobramycin (Kitabis Pak)	Symdeko
Cayston	Orkambi	tobramycin (Tobi), Tobi Podhaler
Kalydeco	Pulmozyme [^]	
Cystinosis		
Cystagon	Cystaran	Procysbi
Gaucher's Disease		
Cerdelga	miglustat (Zavesca)	
Growth Hormones		
Egrifta	Norditropin Nordiflex (Nutropin AQ Nuspin preferred)	Serostim
Genotropin (Nutropin AQ Nuspin preferred)	Nutropin AQ Nuspin	Zomacton (Nutropin AQ Nuspin preferred)
Humatrope (Nutropin AQ Nuspin preferred)	Omnitrope (Nutropin AQ Nuspin preferred)	
Norditropin (Nutropin AQ Nuspin preferred)	Saizen (Nutropin AQ Nuspin preferred)	
Hepatitis		
Intron A	Pegasys, Pegasys Proclick	Sovaldi (Eplclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype)
Iedipasvir/sofosbuvir (Harvoni)	Peg-Intron	Viekira Pack
Mavyret	Peg-Intron Redipen	Vosevi

Olysio (<i>Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype</i>)	sofosbuvir-velpatasvir (Epclusa)	Zepatier (<i>Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype</i>)
Hereditary Angioedema		
Firazyr	Haegarda	Takhzyro
Huntington's disease		
Austedo	tetrabenazine (Xenazine)	
Hyperlipidemic		
Juxtapid	Praluent	
Kynamro	Repatha	
Idiopathic Pulmonary Fibrosis		
Esbriet	Ofev	
Immune Response Modifiers		
Actimmune	Fuzeon [^]	
Iron Overload (Chronic)		
deferasirox (Exjade) ^{^s}	Ferriprox	Jadenu ^{^s} , Jadenu Sprinkle ^{^s}
Multiple Sclerosis		
Acthar HP	Extavia [^]	Mayzent
Aubagio (<i>glatiramer, glatopa, Ext avia, Gilenya, Tecfidera preferred</i>)	Firdapse	Plegridy (<i>glatiramer, glatopa, Ext avia, Gilenya, Tecfidera preferred</i>)
Avonex (<i>glatiramer, glatopa, Ext avia, Gilenya, Tecfidera preferred</i>)	Gilenya [^]	Rebif, Rebif Rebidose (<i>glatiramer, glat opa, Extavia, Gilenya, Tecfidera preferred</i>)
Betaseron (<i>glatiramer, glatopa, Ext avia, Gilenya, Tecfidera preferred</i>)	glatiramer (Copaxone) [^]	Ruzurgi
Copaxone [^] (<i>glatiramer, glatopa, Ext avia, Gilenya, Tecfidera preferred</i>)	glatopa (Copaxone) [^]	Tecfidera [^]
dalfampridine (Ampyra)	Mavenclad	
Osteoporosis		
Forteo	Tymlos	
Pulmonary Arterial Hypertension (PAH)		
Adempas	bosentan (Tracleer)	tadalafil (Adcirca)
ambrisentan (Letairis)	Orenitram ER	Uptravi
Opsumit	Sildenafil (revatio)	
Urea Cycle Disorder		
Ravicti	sodium phenylbutyrate (Buphenyl)	
Miscellaneous		
Apokyn	Ingrezza	Signifor
Arcalyst	Jynarque	Somavert
Arikayce	Keveyis	Stimate [^]
Benlysta	Korlym	Strensiq
Cablivi	Kuvan	Sucraid

Carbaglu	Lokelma	Tegsedi
Chenodal	Makena auto-injector	Tiglutik
Cholbam	Myalept	Veltassa
Diacomit	Natpara	vigabatrin/vigadrone (Sabril)
Dupixent	Nityr	Vistogard [^]
Emflaza	Northera	Vyndaqel
Epidiolex	Nucala	Xgeva
Galafold	Nuplazid [§]	Xuriden
Hetlioz	Ocaliva [§]	Xyrem
hydroxyprogesterone caproate vial (Makena)	Orfadin	Zorbitive
Impavido	Oxervate	
Inbrija	Palynziq	
Increlex	Samsca	

[^] Does not require prior authorization review

[§] Blue Shield's Short Cycle Specialty Drug Program allows initial prescriptions for select Specialty Drugs to be dispensed for a 15-day trial supply, as further described in the EOC. In such circumstances, the applicable Specialty Drug Copayment or Coinsurance will be pro-rated.