

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 (Enbrel, Humira preferred)	Kineret (Enbrel, Humira preferred)	Simponi (Cosentyx, Enbrel, Humira preferred)
Cimzia syringe (Cosentyx, Enbrel, Humira preferred)	Olumiant (Enbrel, Humira preferred)	Stelara (Cosentyx, Enbrel, Humira preferred)
Cosentyx	Orencia syringe, autoinjector (Cosentyx, Enbrel, Humira preferred)	Taltz (Cosentyx, Enbrel, Humira preferred))
Enbrel	Otezla (Cosentyx, Enbrel, Humira preferred)	Tremfya (Cosentyx, Enbrel, Humira preferred)
Enbrel mini (Enbrel syringe/autoinjector preferred)	Otrexup	Xeljanz (Enbrel, Humira preferred)
Humira	Rasuvo	Xeljanz XR (Enbrel, Humira preferred)
Kevzara (Enbrel, Humira preferred)	Silliq (Cosentyx, Enbrel, Humira preferred)	
Blood Modifiers		
Aranesp (Procrit and Retacrit preferred)	Mozobil	Promacta
Doptelet	Mulpleta	Retacrit
Fulphila	Neulasta	Tavalisse
Granix	Neupogen	Zarxio
Leukine	Nivestym	
Mircera	Procrit	
Cancer		
Afinitor [§] , Afinitor Disperz [§]	Iressa [§]	Tafinlar
Alecensa	Jakafi [§]	Tagrisso [§]
Alunbrig	Kisqali	Talzenna
bexarotene (Targretin) [§]	Kisqali Femara Co-Pack	Tarceva [§]
Bosulif [§] (imatinib preferred)	Lenvima	Tasigna [§]

Braftovi	leuprolide 1mg kit	temozolomide capsule (Temodar)
Cabometyx	Lonsurf	Thalomid
capecitabine (Xeloda)^	Lynparza [§]	Tibsovo
Caprelsa (vandetanib)	Mekinist	Tykerb
Cometriq [§]	Mektovi	Valchlor
Copiktra	Nerlynx [§]	Venclexta
Cotellic	Nexavar [§]	Verzenio
Erleada	Ninlaro	Vizimpro
Erivedge [§]	Odomzo	Votrient [§]
Farydak	Pomalyst	Xalkori [§]
Gilotrif	Purixan	Xtandi [§]
Hycamtin	Revlimid	Yonsa
Ibrance	Rubraca [§]	Zejula
Iclusig	Rydapt	Zelboraf
Idhifa	Sprycel [§] (imatinib preferred)	Zolinza [§]
Imatinib (Gleevec)	Stivarga	Zydelig
Imbruvica [§]	Sylatron, Sylatron 4-pack	Zykadia [§]
Inlyta [§]	Sutent [§] (<i>imatinib preferred for GIST</i>)	Zytiga [§]
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 (<i>Nutropin AQ Nuspin preferred</i>)	Serostim
Genotropin (<i>Nutropin AQ Nuspin preferred</i>)	Nutropin AQ Nuspin	Zomacton (<i>Nutropin AQ Nuspin preferred</i>)
Humatrope (<i>Nutropin AQ Nuspin preferred</i>)	Omnitrope (<i>Nutropin AQ Nuspin preferred</i>)	
Norditropin (<i>Nutropin AQ Nuspin preferred</i>)	Saizen (<i>Nutropin AQ Nuspin preferred</i>)	
Hepatitis		
Epclusa	Olysio (<i>Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype</i>)	Sovaldi (<i>Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype</i>)
Harvoni	Pegasys, Pegasys Proclick	Vosevi
Intron A	Peg-Intron	Viekira Pack
Mavyret	Peg-Intron Redipen	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)		
Exjade ^{^s}	Ferriprox	Jadenu ^{^s} , Jadenu Sprinkle ^{^s}
Multiple Sclerosis		
Acthar HP	dalfampridine (Ampyra)	Plegridy (<i>glatiramer, glatopa, Extavia, Gilenya, Tecfidera preferred</i>)
Aubagio (<i>glatiramer, glatopa, Extavia, Gilenya, Tecfidera preferred</i>)	Extavia [^]	Rebif, Rebif Rebidose (<i>glatiramer, glatopa, Extavia, Gilenya, Tecfidera preferred</i>)
Avonex (<i>glatiramer, glatopa, Extavia, Gilenya, Tecfidera preferred</i>)	Gilenya [^]	Tecfidera [^]
Betaseron (<i>glatiramer, glatopa, Extavia, Gilenya, Tecfidera preferred</i>)	glatiramer (Copaxone) [^]	
Copaxone [^] (<i>glatiramer, glatopa, Extavia, Gilenya, Tecfidera preferred</i>)	glatopa (Copaxone) [^]	
Osteoporosis		
Forteo	Tymlos	
Pulmonary Arterial Hypertension (PAH)		
Adempas	Orenitram ER	tadalafil (Adcirca)
Letairis	Revatio suspension (<i>Letairis preferred</i>)	Tracleer (<i>Letairis preferred</i>)
Opsumit	Sildenafil (revatio) tab	Uptravi
Urea Cycle Disorder		
Ravicti	sodium phenylbutyrate (Buphenyl)	
Miscellaneous		
Apokyn	Jynarque	Somavert
Arcalyst	Keveyis	Stimate [^]
Arikayce	Korlym	Strengiq
Benlysta	Kuvan	Sucraid
Carbaglu	Lokelma	Tegsedi
Chenodal	Makena auto-injector	Tiglutik
Cholbam	Myalept	Veltassa
Dupixent	Natpara	vigabatrin/vigadrone (Sabril)
Emflaza	Nityr	Vistogard [^]
Epidiolex	Northera	Xgeva
Galafold	Nuplazid ^s	Xuriden
Hetlioz	Ocaliva ^s	Xyrem

hydroxyprogesterone caproate vial (Makena)	Orfadin	Zorbitive
Increlex	Palynziq	
Impavido	Samsca	
Ingrezza	Signifor	

^ 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.