



Specialty Drug List for Standard Drug Formulary

This list reflects medications designated as specialty drugs under the pharmacy benefit. Most specialty drugs require prior authorization for medical necessity. If covered, specialty drugs cannot be obtained from a network retail pharmacy and must be obtained from a Blue Shield Network Specialty Pharmacy. Some drugs may not be available for distribution through the Network Specialty Pharmacy in which case it may be obtained through a non-network specialty pharmacy that carries it. A Blue Shield Network Specialty Pharmacy may be located at <https://www.blueshieldca.com/wellness/drugs/specialty-pharmacy>. To see if this specialty drug designation applies to your coverage, please check your *Evidence of Coverage* or *Certificate of Insurance/Policy*. You may also call the customer service phone number listed on your Blue Shield ID card. Specialty drugs are listed under the most common medical condition for which they are used.

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, Enbrel, Humira preferred)
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/Xeljanz XR (Cosentyx, Enbrel, Humira preferred)
Kevzara (Enbrel, Humira preferred)	Siliq (Cosentyx, Enbrel, Humira preferred)	
Blood Modifiers		
Aranesp (Retacrit preferred)	Mozobil	Promacta
Doptelet	Mulpleta	Retacrit
Fulphila	Neulasta	Tavalisse
Granix (Zarxio preferred)	Neupogen (Zarxio preferred)	Udenyca
Leukine	Nivestym (Zarxio preferred)	Zarxio
Mircera (Zarxio preferred)	Procrit (Retacrit preferred)	
Cancer		
abiraterone acetate 250 mg [§] (Zytiga)	Inlyta [§]	Sylatron, Sylatron 4-pack
Afinitor [§] , Afinitor Disperz [§]	Iressa [§]	Tafinlar
Alecensa	Jakafi [§]	Tagrisso
Alunbrig	Kisqali	Talzenna
Balversa	Kisqali Femara Co-Pack	Tasigna [§]

bexarotene (Targretin) [§]	Lenvima	temozolomide capsule (Temodar) [^]
Bosulif [§] (imatinib preferred)	leuprolide 1mg kit	Thalomid
Braftovi	Lonsurf	Tibsovo
Cabometyx	Lorbrena	Tykerb
capecitabine (Xeloda) [^]	Lynparza [§]	Valchlor
Caprelsa (vandetanib)	Matulane	Venclexta
Cometriq	Mekinist	Verzenio
Copiktra	Mektovi	Vizimpro
Cotellic	Nerlynx [§]	Vitrakvi
Daurismo	Nexavar	Votrient [§]
Erivedge [§]	Ninlaro	Xalkori [§]
erlotinib (Tarceva) [§]	Odomzo	Xtandi [§]
Erleada	Piqray	Xospata
Farydak	Pomalyst	Xpovio
Gilotrif	Purixan	Yonsa
Hycamtin	Revlimid	Zejula
Ibrance	Rubraca [§]	Zelboraf
Iclusig	Rydapt	Zolinza [§]
Idhifa	Sprycel [§]	Zydelig
imatinib (Gleevec)	Stivarga	Zykadia [§]
Imbruvica [§]	Sutent [§] (imatinib preferred for GIST)	Zytiga 500 mg [§]
Carcinoid Syndrome Diarrhea		
octreotide (Sandostatin) for SQ	Xermelo	
Cystic Fibrosis		
Bethkis	tobramycin (Kitabis Pak)	Symdeko
Cayston	Orkambi	tobramycin (Tobi)
Kalydecto	Pulmozyme [^]	Tobi Podhaler
Cystinosis		
Cystagon	Cystaran	Procysbi
Gaucher's Disease		
Cerdelga	miglustat (Zavesca)	
Growth Hormones		
Egrifta	Norditropin Flexpro (Nutropin AQ Nuspina preferred)	Saizen (Nutropin AQ Nuspina preferred)
Genotropin/Genotropin Miniquick (Nutropin AQ Nuspina preferred)	Nutropin AQ Nuspina	Serostim
Humatrope (Nutropin AQ Nuspina preferred)	Omnitrope (Nutropin AQ Nuspina preferred)	Zomacton (Nutropin AQ Nuspina preferred)
Hepatitis		
Epclusa	Pegasys, Pegasys Proclick	Viekira Pack (Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype)
Harvoni	Peg-Intron	Vosevi
Intron A	Peg-Intron Redipen	Zepatier (Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype)
ledipasvir/sofosbuvir	sofosbuvir-velpatasvir	

Mavyret	Sovaldi (<i>Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype</i>)	
Hereditary Angiodema		
icatibant (Firazyr)	Haegarda	Takhzyro
Huntington's disease		
Austedo	tetrabenazine (Xenazine)	
Hyperlipidemia		
Juxtapid	Praluent	Repatha
Idiopathic Pulmonary Fibrosis		
Esbriet	Ofev	
Immune Response Modifiers		
Actimmune	Fuzeon [^]	
Iron Overload (Chronic)		
deferasirox (Exjade) [^]	Ferriprox	Jadenu ^{^§} , Jadenu Sprinkle [^]
Multiple Sclerosis		
Acthar HP	Extavia [^]	Mayzent (<i>glatiramer, glatopa, Extavia, Gilenya preferred</i>)
Aubagio (<i>glatiramer, glatopa, Extavia, Gilenya preferred</i>)	Firdapse	Plegridy (<i>glatiramer, glatopa, Extavia, Gilenya preferred</i>)
Avonex (<i>glatiramer, glatopa, Extavia, Gilenya preferred</i>)	Gilenya [^]	Rebif, Rebif Rebidose (<i>glatiramer, glatopa, Extavia, Gilenya preferred</i>)
Betaseron (<i>glatiramer, glatopa, Extavia, Gilenya preferred</i>)	glatiramer (Copaxone) [^]	Ruzurgi
Copaxone [^] (<i>glatiramer, glatopa preferred</i>)	glatopa (Copaxone) [^]	Tecfidera (<i>glatiramer, glatopa, Extavia, Gilenya preferred</i>)
dalfampridine (Ampyra)	Mavenclad (<i>glatiramer, glatopa, Extavia, Gilenya preferred</i>)	
Osteoporosis		
Forteo	Tymlos	
Pulmonary Arterial Hypertension (PAH)		
Adempas	Orenitram ER	tadalafil (Adcirca)
ambrisentan (Letairis)	Opsumit	Uptravi
bosentan (Tracleer)	sildenafil (Revatio)	
Urea Cycle Disorder		
Ravicti	sodium phenylbutyrate (Buphenyl)	
Miscellaneous		
Apokyn	Inbrija	Oxervate
Arcalyst	Increlex	Palynziq
Arikayce	Ingrezza	Samsca
Benlysta	Jynarque	Signifor
Cablivi	Keveyis	Somavert
Carbaglu	Korlym	Stimate
Chenodal	Kuvan	Strensiq
Cholbam	Lokelma	Sucraid
Diacomit	Lynparza	Tegsedi

Dupixent	Makena auto-injector	Tiglutik
Emflaza	Myalept	Veltassa
Epidiolex	Natpara	vigabatrin/vigadrone (Sabril)
Galafold	Nityr	Vistogard [^]
Hetlioz	Northera	Vyndaqel
hydroxyprogesterone caproate vial (Makena)	Nucala	Xgeva
Impavido	Nuplazid	Xuriden
hydroxyprogesterone caproate vial (Makena)	Ocaliva [§]	Xyrem
Impavido	Orfadin	Zorbtive

[^] 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.