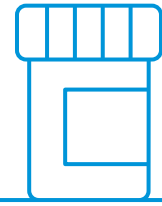


Specialty preferred drug list for medical benefits



These preferred medications are designated as specialty drugs under the Blue Shield of California medical benefit. We have listed the preferred specialty drugs next to the most common therapeutic condition for which they are used.

Most specialty drugs require authorization for medical necessity. If they are covered, specialty drugs may require administration by a clinician. During Blue Shield's authorization process, we may direct members with prescriptions for medication infusion therapy services in an outpatient hospital setting to qualified, approved infusion centers or physician offices instead. Additionally, our policy allows members to receive medication infusion therapy in their own home, administered by a licensed and qualified caregiver.

Therapeutic condition	Preferred drug	Non-preferred drug
Autoimmune	Remicade, Inflectra*	Avsola,* Renflexis*
	Stelara	N/A
	Tremfya	N/A
Other endocrine	Lupron	N/A
Gaucher disease	Cerezyme	Elelyso, VPRIV
Hematologic	Neulasta, Udenyca*	Fulphila,* Ziextenzo*
	Retacrit*	Aranesp, Epogen, Mircera, Procrit
	Zarxio*	Granix, Neupogen, Nivestym*
Opioid dependence	Vivitrol	N/A
Oncology	Avastin, Mvasi,* Zirabev*	N/A
	Herceptin, Kanjinti,* Trazimera*	Herzuma,* Ogivri*
	Rituxan, Ruxience*	Truxima*

Note: Non-preferred product(s) are available only if criteria are met or the member has experienced a trial and failure of preferred products. An exception process is in place for specific circumstances that may warrant a need for a non-preferred product.

* Designates a biosimilar drug.

Blue Shield of California is an independent member of the Blue Shield Association A50850 (3/20)