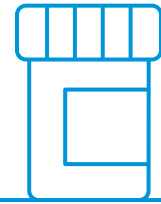


# SPECIALTY PREFERRED DRUG LIST FOR MEDICAL BENEFITS



Blue Shield of California members have access to the following preferred specialty drugs under their medical benefit. For your reference, we have also included the most common therapeutic condition for which they are used.

Most specialty drugs require authorization for medical necessity and often require special storage and handling. If they are covered, specialty drugs may be given by a doctor or nurse. During Blue Shield's authorization process, we may refer the member to an approved infusion center or physician office if they have a prescription for medical infusion therapy services in an outpatient hospital setting. 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	Avsola,* Inflectra*	Remicade, Renflexis*
	Stelara	N/A
	Tremfya	N/A
Endocrine	Lupron	N/A
Gaucher disease	Cerezyme	ElELYso, VPRIV
Hematologic	Neulasta, Fulphila,* Ziextenzo*	Udenyca,* Nyvepria*
	Retacrit*	Aranesp, Epogen, Mircera, Procrit
	Zarxio*	Granix, Neupogen, Nivestym*
Opioid dependence	Vivitrol	N/A
Oncology	Mvasi,* Zirabev*	Avastin
	Kanjinti,* Trazimera*	Herceptin, Herzuma,* Ogivri,* Ontruzant*
	Riabni,* Ruxience*	Rituxan, 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. Biosimilars are Federal Drug Administration-approved drugs that are similar to the original drug and carefully tested to prove they are safe and effective.

\*Designates a biosimilar drug.