

Specialty Drug List [†] for Plus 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. For the drugs below, if the drug is not administered at home, coverage may be provided under medical benefits.

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)	Siliq (Cosentyx, Enbrel, Humira preferred)	
Blood Modifiers		
Aranesp (Procrit preferred)	Mircera	Promacta
Doptelet	Mozobil	Retacrit (Procrit preferred)
Fulphila	Neulasta	Tavalisse)
Granix	Neupogen	Zarxio
Leukine	Procrit	
Cancer		
Afinitor [§] , Afinitor Disperz [§]	Iressa [§]	Sutent [§] (imatinib preferred for GIST)
Alecensa	Jakafi [§]	Tafinlar
Alunbrig	Kisqali	Tagrisso [§]
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
Cotellic	Nerlynx [§]	Venclexta
Erleada	Nexavar [§]	Verzenio
Erivedge [§]	Ninlaro	Votrient [§]

Farydak	Odomzo	Xalkori [§]
Gilotrif	Pomalyst	Xtandi [§]
Hycamtin	Purixan	Yonsa
Ibrance	Revlimid	Zejula
Iclusig	Rubraca [§]	Zelboraf
Idhifa	Rydapt	Zolinza [§]
Imatinib (Gleevec)	Sprycel [§] (imatinib preferred)	Zydelig
Imbruvica [§]	Stivarga	Zykadia [§]
Inlyta [§]	Sylatron, Sylatron 4-pack	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 (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		
Daklinza (Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype)	Olysio (Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype)	Technivie (Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype)
Epclusa	Pegasys, Pegasys Proclick	Viekira Pak, Viekira XR (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)
Mavyret	Sovaldi ((Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype)	
Hereditary Angioedema		
Firazyr	Haegarda	
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 ^{^§}	Ferriprox	Jadenu ^{^§} , Jadenu Sprinkle ^{^§}
Multiple Sclerosis		
Acthar HP	Copaxone [^] (glatiramer, glatopa, Extavia, Gilenya, Tecfidera preferred)	Plegridy (glatiramer, glatopa, Extavia, Gilenya, Tecfidera preferred)
Ampyra	Extavia [^]	Rebif, Rebif Rebidose (glatiramer, glatopa, Extavia, Gilenya, Tecfidera preferred)
Aubagio (glatiramer, glatopa, Extavia, Gilenya, Tecfidera preferred)	Gilenya [^]	Tecfidera [^]
Avonex (glatiramer, glatopa, Extavia, Gilenya, Tecfidera preferred)	glatiramer (Copaxone) [^]	
Betaseron (glatiramer, glatopa, Extavia, Gilenya, Tecfidera preferred)	glatopa (Copaxone) [^]	
Osteoporosis		
Forteo	Tymlos	
Pulmonary Arterial Hypertension (PAH)		
Adcirca	Orenitram ER	Revatio suspension (Letairis preferred)
Adempas	Opsumit	Tracleer (Letairis preferred)
Letairis	sildenafil (Revatio) tab	Uptravi
Urea Cycle Disorder		
Ravicti	sodium phenylbutyrate (Buphenyl)	
Miscellaneous		
Apokyn	Jynarque	Samsca
Arcalyst	Keveyis	Signifor
Benlysta	Korlym	Somavert
Carbaglu	Kuvan	Stimate [^]
Chenodal	Makena auto-injector	Strensiq
Cholbam	Myalept	Sucraid
Dupixent	Natpara	Veltassa
Emflaza	Nityr	vigabatrin/vigadrone (Sabril)
Hetlioz	Northera	Vistogard [^]
hydroxyprogesterone caproate vial (Makena)	Nuplazid [§]	Xgeva
Increlex	Ocaliva [§]	Xuriden
Impavido	Orfadin	Xyrem
Ingrezza	Palynziq	Zorbitve

[^] 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.