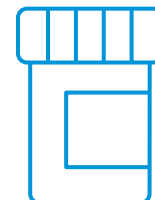


Plus Drug Formulary

Specialty Drug List



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.

Abilify MyCite	Alunbrig	Avonex (dimethyl fumarate, glatiramer, glatopa, Gilenya preferred)
abiraterone acetate§ (Zytiga)	ambrisentan (Letairis)	Ayvakit
Actemra syringe, Actemra ACTpen (Enbrel, Humira, Rinvoq ER, Xeljanz, Xeljanz XR preferred)	apomorphine (Apokyn)	Bafiertam (dimethyl fumarate, Extavia, Gilenya, glatiramer, glatopa preferred)
Acthar HP	Aranesp (Retacrit preferred)	Balversa
Actimmune	Arcalyst	Benlysta
Adbry	Arikayce	Besremi
Adempas (Opsumit preferred)	Aubagio (dimethyl fumarate, Extavia, glatiramer, glatopa, Gilenya preferred)	betaine powder for oral solution
Alecensa	Austedo	Betaseron (dimethyl fumarate, Extavia, Gilenya, glatiramer, glatopa preferred)

bexarotene cap (Targretin) [§]	Cometriq	Egrifta
bexarotene gel (Targretin)	Copaxone [^] (glatiramer, glatopa preferred)	Egrifta SV
bosentan (Tracleer)	Copiktra	Emflaza
Bosulif [§] (imatinib preferred)	Cortrophin	Empaveli
Braftovi	Cosentyx (Enbrel, Humira, Otezla, Skyrizi, Stelara, Taltz, Tremfya preferred)	Enbrel
Bronchitol	Cotellic	Enbrel mini (Enbrel syringe, autoinjector preferred)
Brukinsa	Cystadrops	Enspryng
Bylvay	Cystagon	Epclusa
Bynfezia	Cystaran	Epidiolex
Cablivi	dalfampridine (Ampyra)	Erivedge [§]
Cabometyx [§]	Daurismo	Erleada
Calquence	deferasirox (Exjade) ^{^§}	erlotinib (Tarceva) [§]
Camzyos	deferasirox (Jadenu) ^{^§}	Esbriet capsule
capecitabine (Xeloda) [^]	deferasirox granules (Jadenu Sprinkle) [§]	everolimus (Afinitor) [§]
carglumic acid (Carbaglu)	deferiprone tablet (Ferriprox)	everolimus tablet for oral suspension (Afinitor disperz) [§]
Cayston	Diacomit	Evrysdi
Cerdelga	dimethyl fumarate (Tecfidera) [^]	Exkivity
Chenodal	Dojolvi	Exservan
Cholbam	Doptelet	Extavia [^] (dimethyl fumarate, glatiramer, glatopa, Gilenya preferred)
Cibinqo	droxidopa (Northera)	Farydak
Cimzia syringe (Enbrel, Humira, Otezla, Rinvoq ER, Skyrizi, Stelara, Taltz, Tremfya, Xeljanz, Xeljanz XR, preferred)	Dupixent	Fasenra Pen

Ferriprox 100mg/ml oral solution	icatibant (Firazyr)	Kineret (Enbrel, Humira, Rinvoq ER, Xeljanz, Xeljanz XR preferred)
Fintepla	Iclusig	Kisqali (Ibrance, Verzenio preferred)
Firdapse	Idhifa	Kisqali Femara Co-Pack (Ibrance, Verzenio preferred)
Forteo (Tymlos preferred)	imatinib (Gleevec)	Korlym
Fotivda	Imbruvica [§]	Koselugo
Fulphila	Imcivree	lapatinib (Tykerb)
Fuzeon [^]	Impavido	ledipasvir/sofosbuvir (Brand Harvoni preferred)
Galafold	Inbrija	Lenvima
Gavreto	Increlex	Leukine
Genotropin/Genotropin Miniquick (Nutropin AQ Nuspipin preferred)	Ingrezza	leuprolide 1mg kit
Gilenya [^]	Inlyta [§]	Livmarli
Gilotrif	Inqovi	Livtensity
glatiramer (Copaxone) [^]	Inrebic	Lokelma
glatopa (Copaxone) [^]	Intron A	Lonsurf
Granix (Zarxio preferred)	Iressa [§]	Lorbrena [§]
Haegarda	Isturisa	Lumakras
Harvoni	Jakafi [§]	Lupkynis
Hetlioz, Hetlioz LQ	Juxtapid	Lynparza [§]
Humatrope (Nutropin AQ Nuspipin preferred)	Jynarque	Makena auto-injector
Humira	Kalydeco	Matulane
Hycamtin	Kesimpta (dimethyl fumarate, Extavia, Gilenya, glatiramer, glatopa preferred)	Mavenclad (dimethyl fumarate, Extavia, glatiramer, glatopa, Gilenya preferred)
hydroxyprogesterone caproate vial (Makena)	Keveyis	Mavyret
Ibrance	Kevzara (Enbrel, Humira, Rinvoq ER, Xeljanz, Xeljanz XR preferred)	Mayzent (dimethyl fumarate, Extavia, glatiramer, glatopa, Gilenya, preferred)

Mekinist	Nourianz	Otezla
Mektovi	Nubeqa [§]	Otrexup (methotrexate injection preferred)
miglustat (Zavesca)	Nucala	Oxbryta
Mircera (Retacrit preferred)	Nuplazid [§]	Oxervate
moderiba 200 mg (Copegus)^	Nutropin AQ Nuspin	Palforzia
Moderiba Packs	Nyvepria (Fulphila, Neulasta, Ziextenzo preferred)	Palynziq
Mozobil	Ocaliva [§]	Pegasys
Mulpleta	octreotide (Sandostatin) for SQ	Peg-Intron
Myalept	Odomzo	Pemazyre
Mycapssa	Ofev	pirfenidone tablet (Esbriet)
Natpara	Olumiant (Enbrel, Humira, Rinvoq ER, Xeljanz, Xeljanz XR preferred)	Piqray
Nerlynx [§]	Omnitrope (Nutropin AQ Nuspin preferred)	Plegridy (dimethyl fumarate, Extavia, glatiramer, glatopa, Gilenya, preferred)
Neulasta	Onureg	Pomalyst
Neupogen (Zarxio preferred)	Opsumit	Ponvory (dimethyl fumarate, Extavia, glatiramer, glatopa, Gilenya, preferred)
Nexavar [§]	Oralair	Procrit/Epogen (Retacrit preferred)
Ninlaro	Orencia syringe, autoinjector (Enbrel, Humira, Otezla, Rinvoq ER, Stelara, Taltz, Xeljanz, Xeljanz XR preferred)	Procysbi
nitisone (Orfadin)	Orenitram ER	Promacta
Nityr	Orgovyx	Pulmozyme^
Nivestym (Zarxio preferred)	Orkambi	Purixan
Norditropin Flexpro (Nutropin AQ Nuspin preferred)	Orladeyo	pyrimethamine (Daraprim)

Pyrukynd	Ruzurgi	Stimate
Qinlock	Rydapt	Stivarga
Radicava ORS	Saizen (Nutropin AQ Nuspin preferred)	Strensiq
Rasuvo (methotrexate injection preferred)	sapropterin (Kuvan)	Sucraid
Ravicti	Scemblix	sunitinib (Sutent) [§] (imatinib preferred for GIST)
Rebif, Rebif Rebidose (dimethyl fumarate, Extavia, glatiramer, glatopa, Gilenya preferred)	Serostim	Sylatron, Sylatron 4-pack
Recorlev	Signifor	Symdeko
Reditrex (methotrexate injection preferred)	sildenafil (Revatio)	Tabrecta
Releuko	Siliq (Enbrel, Humira, Otezla, Skyrizi, Stelara, Taltz, Tremfya preferred)	tadalafil (Adcirca)
Retacrit	Simponi (Enbrel, Humira, Otezla, Rinvoq ER, Stelara, Taltz, Xeljanz, Xeljanz XR preferred)	Tafinlar
Retevmo	Skyrizi	Tagrisso [§]
Revlimid	Skytrofa	Takhzyro
Rezurock	sodium phenylbutyrate (Buphenyl)	Taltz
Ribasphere/Ribapak	sofosbuvir-velpatasvir (Brand Epclusa preferred)	Talzenna [§]
ribasphere/ribavirin (Copegus) [^]	Somavert	Targretin cap [§]
ribasphere/ribavirin (Rebetol) [^]	sorafenib tosylate (Nexavar)	Targretin gel
Rinvoq ER	Sovaldi (Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype)	Tarpeyo
Rozlytrek [§]	Sprycel [§]	Tasigna [§]
Rubraca [§]	Stelara	Tavalisse

Tavneos	Turalio	Voxzogo
Tazverik	Tymlos	Vumerity (dimethyl fumarate, Extavia, glatiramer, glatopa, Gilenya, preferred)
Tegsedi	Tyvaso DPI	Vyndagel
temozolomide capsule (Temodar)^	Udenyca (Fulphila, Neulasta, Ziextenzo preferred)	Vyndamax
Tepmetko	Ukoniq	Wakix
Teriparatide (Tymlos preferred)	Uptravi	Welireg
tetrabenazine (Xenazine)	Valchlor	Xalkori [§]
Thalomid	vandetanib (Caprelsa)	Xeljanz
Tibsovo	Veltassa	Xeljanz XR
Tiglutik	Venclexta	Xermelo
tiopronin (Thiola)	Verzenio	Xgeva
Tobi Podhaler	Viekira Pack (Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype)	Xolair syringe
tobramycin (Bethkis)	vigabatrin/vigadrone (Sabril)	Xospata
tobramycin (Kitabis Pak)	Vijoice	Xpovio
tobramycin (Tobi)	Vistogard^	Xtandi [§]
tolvaptan (Samsca)	Vitrakvi [§]	Xuriden
Tremfya	Vizimpro [§]	Xyrem
Trikafta	Vonjo	Xywav
Truseltiq	Vosevi	Yonsa
Tukysa	Votrient [§]	Zarxio

Zejula	Ziextenzo	Zorbtive
Zelboraf	Zokinvy	Ztalmy
Zepatier (Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype)	Zolinza [§]	Zydelig
Zeposia (dimethyl fumarate, Extavia, Gilenya, glatiramer, glatopa, Humira, Stelara, Xeljanz, Xeljanz XR preferred depending on diagnosis)	Zomacton (Nutropin AQ Nuspip preferred)	Zykadia [§]

^ 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.

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