



## 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.

<b>Acromegaly/Carcinoid syndrome/VIPomas</b>		
octreotide (Sandostatin) <i>for SQ</i>	Somavert	Xermelo
<b>Arthritis/Psoriasis</b>		
Actemra syringe/ Actemra ACTpen (Enbrel, Humira, Xeljanz, Xeljanz XR preferred)	Kineret (Enbrel, Humira, Xeljanz, Xeljanz XR preferred)	Siliq (Cosentyx, Enbrel, Humira, Otezla, Skyrizi, Stelara, Tremfya preferred)
Cimzia syringe (Cosentyx, Enbrel, Humira, Xeljanz, Xeljanz XR, Otezla, Skyrizi, Stelara, Tremfya preferred)	Olumiant (Enbrel, Humira, Xeljanz, Xeljanz XR preferred)	Simponi (Cosentyx, Enbrel, Humira, Otezla, Stelara, Xeljanz, Xeljanz XR preferred)
Cosentyx	Orencia syringe, autoinjector (Enbrel, Humira, Xeljanz, Xeljanz XR, Cosyntex, Otezla Stelara preferred)	Skyrizi
Enbrel	Otezla	Stelara
Enbrel mini (Enbrel syringe/autoinjector preferred)	Otrexup	Taltz (Cosentyx, Enbrel, Humira, Otezla, Skyrizi, Stelara, Tremfya preferred)
Humira	Rasuvo	Tremfya
Kevzara (Enbrel, Humira, Xeljanz, Xeljanz XR preferred)	Rinvoq ER (Enbrel, Humira, Xeljanz, Xeljanz XR preferred)	Xeljanz/Xeljanz XR
<b>Blood Modifiers</b>		
Aranesp (Retacrit preferred)	Mozobil	Promacta
Doptelet	Mulpleta	Retacrit
Fulphila (Neulasta, Udenyca preferred)	Neulasta	Tavalisse
Granix (Zarxio preferred)	Neupogen (Zarxio preferred)	Udenyca
Leukine	Nivestym (Zarxio preferred)	Zarxio
Mircera (Zarxio preferred)	Procrit (Retacrit preferred)	Ziextenzo (Neulasta, Udenyca preferred)
<b>Cancer</b>		
abiraterone acetate 250 mg <sup>§</sup> (Zytiga)	Inlyta <sup>§</sup>	Sutent <sup>§</sup> (imatinib preferred for GIST)

Afinitor Disperz <sup>§</sup>	Irenic	Sylatron, Sylatron 4-pack
Alecensa	Jakafi <sup>§</sup>	Tabrecta
Alunbrig <sup>§</sup>	Kisqali/ Kisqali Femara Co-Pack	Tafinlar
Ayvakit	Koselugo	Tagrisso
Balversa	Lenvima	Talzenna <sup>§</sup>
bexarotene (Targretin) <sup>§</sup>	leuprolide 1mg kit	Tasigna <sup>§</sup>
Bosulif <sup>§</sup> ( <i>imatinib preferred</i> )	Lonsurf	Tazverik
Braftovi	Lorbrena <sup>§</sup>	temozolomide capsule (Temodar) <sup>^</sup>
Brukina	Lynparza <sup>§</sup>	Thalomid
Bynfezia	Matulane	Tibsovo
Cabometyx	Mekinist	Tukysa
capecitabine (Xeloda) <sup>^</sup>	Mektovi	Turalio
Caprelsa (vandetanib)	Nerlynx <sup>§</sup>	Tykerb
Cometriq	Nexavar	Valchlor
Copiktra	Ninlaro	Venclexta
Cotellic	Nubeqa <sup>§</sup>	Verzenio
Daurismo	Oxbryta	Vizimpro
Erivedge <sup>§</sup>	Odanzo	Vitrakvi <sup>§</sup>
erlotinib (Tarceva) <sup>§</sup>	Pemazyre	Votrient <sup>§</sup>
Erleada	Piqray	Xalkori <sup>§</sup>
everolimus (Afinitor) <sup>§</sup>	Pomalyst	Xtandi <sup>§</sup>
Farydak	Purixan	Xospata
Gilotrif	Qinlock	Xpovio
Hycamtin	Retevmo	Yonsa
Ibrance	Revlimid	Zejula
Iclusig	Rozlytrek <sup>§</sup>	Zelboraf
Idhifa	Rubraca <sup>§</sup>	Zolinza <sup>§</sup>
imatinib (Gleevec)	Rydapt	Zydelig
Imbruvica <sup>§</sup>	Sprycel <sup>§</sup>	Zykadia <sup>§</sup>
Iressa <sup>§</sup>	Stivarga	Zytiga 500 mg <sup>§</sup>
<b>Cushing's disease</b>		
Isturisa	Signifor	
<b>Cystic Fibrosis</b>		
Bethkis	Trikafta	tobramycin (Tobi)
Cayston	Orkambi	Tobi Podhaler
Kalydecto	Pulmozyme <sup>^</sup>	
tobramycin (Kitabis Pak)	Symdeko	
<b>Cystinosis</b>		
Cystagon	Cystaran	Procysbi
<b>Gaucher's Disease</b>		
Cerdelga	miglustat (Zavesca)	
<b>Growth Hormones</b>		
Egrifta	Norditropin Flexpro ( <i>Nutropin AQ Nuspin preferred</i> )	Serostim
Egrifta SV	Nutropin AQ Nuspin	Zomacton ( <i>Nutropin AQ Nuspin preferred</i> )
Genotropin/Genotropin Miniquick ( <i>Nutropin AQ Nuspin preferred</i> )	Omnitrope ( <i>Nutropin AQ Nuspin preferred</i> )	

Humatrope ( <i>Nutropin AQ Nuspín preferred</i> )	Saizen ( <i>Nutropin AQ Nuspín preferred</i> )	
<b>Hepatitis</b>		
Epclusa	Mavyret	Sovaldi ( <i>Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype</i> )
Harvoni	Pegasys	Viekira Pack ( <i>Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype</i> )
Intron A	Peg-Intron	Vosevi
ledipasvir/sofosbuvir ( <i>Brand Harvoni preferred</i> )	sofosbuvir-velpatasvir ( <i>Brand Epclusa preferred</i> )	Zepatier ( <i>Epclusa, Harvoni, Mavyret, Vosevi preferred depending on HCV genotype</i> )
<b>Hereditary Angiodema</b>		
icatibant ( <i>Firazyr</i> )	Haegarda	Takhzyro
<b>Huntington's disease</b>		
Austedo	tetrabenazine ( <i>Xenazine</i> )	
<b>Hyperlipidemia</b>		
Juxtapid		
<b>Idiopathic Pulmonary Fibrosis</b>		
Esbriet	Ofev	
<b>Immune Response Modifiers</b>		
Actimmune	Fuzeon <sup>^</sup>	
<b>Iron Overload (Chronic)</b>		
deferasirox ( <i>Exjade</i> ) <sup>^</sup>	Ferriprox	
deferasirox ( <i>Jadenu</i> ) <sup>^§</sup>	Jadenu Sprinkle <sup>§</sup>	
<b>Lambert-Eaton myasthenic syndrome (LEMS)</b>		
Firdapse	Ruzurgi	
<b>Multiple Sclerosis</b>		
Acthar HP	Extavia <sup>^</sup>	Plegridy ( <i>glatiramer, glatopa, Extavia, Gilenya preferred</i> )
Aubagio ( <i>glatiramer, glatopa, Extavia, Gilenya preferred</i> )	Gilenya <sup>^</sup>	Rebif, Rebif Rebidose ( <i>glatiramer, glatopa, Extavia, Gilenya preferred</i> )
Avonex ( <i>glatiramer, glatopa, Extavia, Gilenya preferred</i> )	glatiramer ( <i>Copaxone</i> ) <sup>^</sup>	Tecfidera ( <i>glatiramer, glatopa, Extavia, Gilenya preferred</i> )
Betaseron ( <i>glatiramer, glatopa, Extavia, Gilenya preferred</i> )	glatopa ( <i>Copaxone</i> ) <sup>^</sup>	Vumerity ( <i>glatiramer, glatopa, Extavia, Gilenya preferred</i> )
Copaxone <sup>^</sup> ( <i>glatiramer, glatopa preferred</i> )	Mavenclad ( <i>glatiramer, glatopa, Extavia, Gilenya preferred</i> )	Zeposia ( <i>glatiramer, glatopa, Extavia, Gilenya preferred</i> )
dalfampridine ( <i>Ampyra</i> )	Mayzent ( <i>glatiramer, glatopa, Extavia, Gilenya preferred</i> )	
<b>Narcolepsy</b>		
Wakix	Xyrem	
<b>Osteoporosis</b>		
Forteo ( <i>Tymlos preferred</i> )	Teriparatide ( <i>Tymlos preferred</i> )	Tymlos
<b>Parkinson's Disease</b>		
Apokyn	Inbrija	
<b>Pulmonary Arterial Hypertension (PAH)</b>		
Adempas	Orenitram ER	tadalafil ( <i>Adcirca</i> )
ambrisentan ( <i>Letairis</i> )	Opsumit	Uptravi

bosentan (Tracleer)	sildenafil (Revatio)	
<b>Seizures</b>		
Epidiolex	Fintepla	
<b>Transthyretin Amyloid Cardiomyopathy (ATTR-CM)</b>		
Vyndamax	Vyndagel	
<b>Tyrosinemia</b>		
nitisone (Orfadin)	Nityr	
<b>Urea Cycle Disorder</b>		
Ravicti	sodium phenylbutyrate (Buphenyl)	
<b>Miscellaneous</b>		
Arcalyst	Ingrezza	Palynziq
Arikayce	Jynarque	pyrimethamine (Daraprim)
Benlysta	Keveyis	Samsca 15mg
Cablivi	Korlym	Stimate
Carbaglu	Kuvan	Strensiq
Chenodal	Lokelma	Sucraid
Cholbam	Makena auto-injector	Tegsedi
Diacomit	Myalept	Tiglutik
Dupixent	Natpara	tolvaptan 30mg (Samsca)
Emflaza	Northera	Veltassa
Fasenra Pen	Nourianz	vigabatrin/vigadrone (Sabril)
Galafold	Nucala	Vistogard <sup>^</sup>
Hetlioz	Nuplazid <sup>§</sup>	Xgeva
hydroxyprogesterone caproate vial (Makena)	Ocaliva <sup>§</sup>	Xuriden
Impavido	Oxervate	Zorbtive
Increlex	Palforzia	

<sup>^</sup> Does not require prior authorization review

<sup>§</sup> 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.