

Specialty pharmacy drug benefit

What are specialty drugs?

Specialty pharmacy drugs covered under the pharmacy benefit are typically drugs that are administered by the patient. These may include, but are not limited to, drugs that are taken orally or administered by injection. Specialty drugs meet certain criteria, including but not limited to:

- Drugs used to treat rare, complex, or chronic diseases
- Drugs that have complex storage and/or shipping requirements
- Drugs that require comprehensive patient monitoring and education

Each specialty pharmacy drug below is categorized according to its most commonly recognized therapeutic indication or treatment class. Some drugs can be used for indications other than those that are listed below. The generic drugs are shown in lowercase type. Brand name drugs are shown in CAPITAL letters. Regardless of how the drug is classified, prior authorization may be required (indicated below by an *). Drugs that are not included in the list either may not be considered specialty pharmacy drugs or may be available under the member's medical benefit.

Independence Blue Cross members may obtain specialty medications from the FutureScripts® Specialty Pharmacy Program.

At no charge to members, this program offers an array of services designed specifically to meet the needs of those taking specialty medications, including both members and their caregivers. This includes access to clinicians, pharmacists, and nurses who are very experienced with specialty medications and related side-effects. Members have access to 24/7 video consultations, ongoing patient education and support, confidential and convenient order and delivery, and refill reminders.

Members' specialty drug prescriptions are managed by the FutureScripts Specialty Pharmacy Program. Members can call **1-855-427-4682** to enroll in the program.

For additional information about the FutureScripts Specialty Pharmacy Program, members should call the number on their ID card.

Specialty Pharmacy Drugs – Applicable to Select Drug Program® and Value Formularies

Acromegaly	BYNFEZIA*, MYCAPSSA*, SOMAVERT*
Antihyperlipidemics	JUXTAPID*, KYNAMRO*†
Antineoplastic†	abiraterone*, AFINITOR*†, AFINITOR DISPERZ*, ALECENSA*, ALKERAN†, ALUNBRIG*, AYWAKIT*, BALVERSA*, bexarotene*, BOSULIF*, BRAFTOVI*, BRUKINSA*, CALQUENCE*, capecitabine, CAPRELSA*, CABOMETYX*, COMETRIQ*, COPIKTRA*, COTELLIC*, DAURISMO*, EFUDEX† topical, ERIVEDGE*, ERLEADA*, erlotinib*, etoposide, everolimus*, EXKIVITY*, FARYDAK*, FOTIVDA*, GAVRETO*, GILOTRIF*, GLEEVEC*†, gleostine, HYCAMTIN*, IBRANCE*, ICLUSIG*, IDHIFA*, imatinib*, IMBRUVICA*, INLYTA*, INQOVI*, INREBIC*, IRESSA*, JAKAFI*, KISQALI*, KOSELUGO*, lapatinib*, LENVIMA*, LONSURF*, LORBRENA*, LUMAKRAS*, LYNPARZA*, MATULANE, MEKINIST*, MEKTOVI*, melphalan, MESNEX, NERLYNX*, NEXAVAR*, NINLARO*, NILANDRON†, nilutamide, NUBEQA*, ODOMZO*, ONUREG*, ORGOVYX*, PEMAZYRE*, PIQRAY*, POMALYST*, PURIXAN, QINLOCK*, RETEVMO*, REVLIMID*, ROZLYTREK*, RUBRACA*, RYDAPT*, SPRYCEL*, STIVARGA*, sunitinib*, SUTENT*, SYLATRON*, TABLOID, TABRECTA*, TAFINLAR*, TAGRISSO*, TALZENNA*, TARCEVA*†, TARGRETIN*†, TASIGNA*, TAZVERIK*, TEMODAR*†, TEPMETKO*, temozolomide*, THALOMID*, TIBSOVO*, tretinoin capsule*, TRUSELTIQ*, TUKYSA*, TURALIO*, TYKERB*†, UKONIQ*, VALCHLOR*, VENCLEXTA*, VERZENIO*, VITRAKVI*, VIZIMPRO*, VOTRIENT*, WELIREG*, XALKORI*, XELODA†, XOSPATA*, XPOVIO*, XTANDI*, YONSA*, ZEJULA*, ZELBORAF*, ZOLINZA*, ZYDELIG*, ZYKADIA*, ZYTIGA*†
Cystic Fibrosis	BETHKIS*†, CAYSTON*, KALYDECO*, KITABIS PAK*†, ORKAMBI*, PULMOZYME, SYMDEKO*, TOBI NEBULIZATION SOLUTION*†, TOBI PODHALER CAPSULE, tobramycin nebulization solution, TRIKAFTA*

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Disease-Modifying Antiheumatic Drugs	ACTEMRA*, ARCALYST*, CIMZIA*, COSENTYX*, ENBREL*, HUMIRA*, KEVZARA*, KINERET*, OLUMIANT*, ORENCIA*, OTEZLA*, RIDAURA, RINVOQ*, SILIQ*, SIMPONI*, SKYRIZI*, STELARA*, TALTZ*, TREMFYA*, XELJANZ (XR)*
Enzyme Replacement	CERDELGA*
Growth Hormone	GENOTROPIN*†, HUMATROPE*, INCRELEX*, NORDITROPIN*, NUTROPIN AQ*, OMNITROPE*†, SAIZEN*†, SAIZENPREP*, SEROSTIM*, ZOMACTON*†, ZORBTIVE*†
Hematopoietics	DOPTELET*, MULPLETA*, PROMACTA*, TAVALISSE*
Hemophilia	ADVATE*, ADYNOVATE*, AFSTYLA*, ALPHANATE*, ALPHANINE SD*, ALPROLIX*, BEBULIN*, BENEFIX*, COAGADEX*, CORIFACT*, ELOCTATE*, ESPEROCT*, FEIBA*, HELIXATE FS*, HEMLIBRA*, HEMOFIL M*, HUMATE-P*, IDELVION*, IXINITY*, JIVI*, KOATE*, KOATE-DVI*, KOGENATE FS*, KOVALTRY*, MONOCLATE-P*, MONONINE*, NOVOEIGHT*, NOVSEVEN RT*, NUWIQ*, OBIZUR*, PROFILNINE*, REBINYN*, RECOMBIMATE*, RIXUBIS*, SEVENFACT*, TRETEN*, VONVENDI*, WILATE*, XYNTHA*
Hepatitis B	adefovir dipivoxil, BARACLUDGE†, entecavir, EPIVIR HBV†, HEPSERA†, lamivudine (HBV), VEMLIDY
Hepatitis C	EPCLUSA*, HARVONI*, ledipasvir/sofosbuvir*, MAVYRET*, moderiba, PEGASYS*, PEG-INTRON, REBETOL†, RIBAPAK, RIBASPHERE, ribavirin, SOVALDI*, velpatasvir/sofosbuvir*, VIEKIRA XR*, VIRAZOLE†, VOSEVI*, ZEPATIER*
Hormonal Therapies	KORLYM*, leuprolide acetate, NATPARA*, ISTURISA*
Infectious Disease	ACTIMMUNE*, ARIKAYCE*, DARAPRIM, PREVYMIS, pyrimethamine
Infertility†	CETROTIDE, chorionic gonadotropin†, FOLLISTIM AQ, ganirelix, GONAL-F*, GONAL-F RFF*, MENOPUR, NOVAREL, OVIDREL, pregnyl
Multiple Sclerosis	AMPYRA*†, AUBAGIO, AVONEX, BAFIERTAM, BETASERON, COPAXONE, dalfampridin ER*, dimethyl fumarate, EXTAVIA*†, GILENYA, glatopa, KESIMPTA, MAYZENT, MAVENCLAD*, PLEGRIDY, PONVORY*†, REBIF*, TECFIDERA*†, VUMERITY, ZEPOSIA
Osteoporosis	FORTEO*†, TERIPARATIDE*, TYMLOS*
Other Therapies	APOKYN*, AUSTEDO*, BENLYSTA*, BUPHENYL*†, BYLVAY*, CABLIVI, CARBAGLU*, CHENODAL, CHOLBAM*, clovique*, CUPRIMINE*†, CYSTADANE, CYSTADROPS*, CYSTAGON*, CYSTARAN*, D-PENAMINE, DEPEN, DIACOMIT*, droxidipoda*, DUPIXENT*, EMFLAZA*, EMPAVELI*, ENSPRYNG*, ESBRIET*, EVRYSDI*, FASENRA*, FINTEPLA*†, FIRDAPSE*, GALAFOLD*, GATTEX*, HETLIOZ*, IMCIVREE*, INBRIJA*, INGREZZA*, JYNARQUE*, KEVEYIS* KUVAN*†, KYNMOBI*, LUPKYNIS*, MYALEPT*, NITYR*, nitisinone*, NORTHERA*†, NUCALA*, NULIBRY*, OCALIVA*, OFEV*, ORFADIN*, OXBRYTA*, OXERVATE*, PALFORZIA*, PALYNZIQ*, penicillamine capsule*, penicillamine tablet, PROCYSBI*, PROCYSBI* RAVICTI*, REZUROCK*, RILUTEK†, riluzole, RUZURGI*, SABRIL*†, SAMSCA*†, sapropterin*, SIGNIFOR*, sodium phenylbutyrate, STRENSIQ*, SUCRAID*, SYPRINE*†, TEGSEDI*, THIOLA EC†, tiopronin, tolvaptan*, trientine*, vigabatrin*, vigadrone*, VYNDAMAX*, VYNDAQEL*, WAKIX*, XERMELO*, XOLAIR*, XURIDEN*, XYREM*, XYWAV*, ZOKINVY*
Pulmonary Arterial Hypertension	ADCIRCA*†, ADEMPAS*, ambrisentan*, bosentan*, LETAIRIS*†, OPSUMIT*, ORENITRAM*, REVATIO*†, sildenafil citrate*, tadalafil* (PAH), TRACLEER*†, TYVASO*, UPTRAVI*, VENTAVIS*
Hereditary Angioedema	BERINERT*, CINRYZE*, FIRAZYR*, HAEGARDA*, icatibant*, ORLADEYO*, RUCONEST*, sajazir*, TAKHZYRO*

* Drugs that require prior authorization for all company products and all indications, unless noted as an exception.

† This drug is considered non-formulary on the Value Formulary.

‡ Drugs in this category may be filled at any participating pharmacy if covered in member benefit.

Note: Because specialty pharmacy benefits vary by group, the inclusion of a drug in this list does not imply coverage. Certain medications may require a rider or additional coverage. For more information, members should call Customer Service at the number on their ID card.

A small number of specialty drugs may be subject to 'split fill'. This means the prescription is filled in separate amounts. The first amount is filled right away. The second amount may be filled at a later date, allowing time for members to talk to their doctor or pharmacist about changing the dose or stopping the medication. The member's cost-share is determined by the amount of medication included in each split fill.

List is current as of 4/1/2022, and is subject to change. For the most up-to-date information, please search for specific drugs online at ibx.com

This list is only applicable to the Select Drug Program and Value Formulary. This list is not applicable to the Premium Formulary.

FutureScripts is an independent company and serves as Independence Blue Cross's pharmacy benefits manager.

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association