

2021 Service Benefit Plan Specialty Drug List

If you are a member or health-care provider and have specialty drug-specific questions, please call 1-888-346-3731 weekdays from 7 a.m. to 9 p.m. or weekends from 8 a.m. to 6:30 p.m. Eastern time. You can also visit fepblue.org/pharmacy 24/7.

The Blue Cross and Blue Shield Service Benefit Plan maintains a list of specialty prescription drugs. Coverage of and out-of-pocket costs for drugs on this list may be different under Basic Option, Standard Option and FEP Blue Focus. Please select your plan, using the Specialty Drug Cost Tool, to confirm your coverage and cost information. The specialty drug list is updated monthly and is subject to change without notice. Changes may appear prior to their effective date.

Specialty drugs are prescribed to treat complex conditions such as multiple sclerosis, hemophilia, hepatitis C and rheumatoid arthritis. These high cost drugs also have one or more of the following traits: they are injected or infused (but some may be taken by mouth); they have unique storage or shipment needs; more education and support are needed to help you use the drugs properly, and they are usually not stocked at retail pharmacies.

Please Note: The self-injectable formulation of the drugs with an asterisk (*) next to them are only covered under the pharmacy benefit.

A	ALKERAN	AVASTIN (PA)
Abiraterone (PA)	ALPHANATE	AVEED (PA)
ABRAXANE	ALPHANINE SD	AVONEX (PA)*
ACTEMRA (PA)	ALPROLIX	AVSOLA (PA)^
ACTHAR (PA)*	ALUNBRIG (PA) ¹	AYVAKIT (PA) ¹
ACTIMMUNE (PA)*	Alyq (PA)	Azacitidine
ADAKVEO (PA)	Ambrisentan (PA)	AZEDRA (PA)^
ADCETRIS (PA)	ANDEXXA^	B
ADCIRCA (PA)	APLIGRAF^	BAFIERTAM (PA)
Adefovir	APOKYN* ¹	BALVERSA (PA) ¹
ADEMPAS (PA) ¹	ARALAST NP (PA)	BARACLUDGE (PA)
Adriamycin	ARANESP (PA)	BAVENCIO (PA) ¹
ADVATE	ARCALYST (PA)* ¹	BEBULIN
ADYNOVATE	ARIKAYCE (PA) ¹	BELEODAQ (PA)
AFINITOR (PA)	ARRANON	BELRAPZO (PA)
AFSTYLA	Arsenic Trioxide	BENDAMUSTINE (PA)
ALDURAZYME (PA)	ARZERRA (PA)	BENDEKA (PA)
ALECENSA (PA)	ASCENIV (PA)	BENEFIX
ALFERON N (PA) ¹	ASPARLAS (PA)	BENLYSTA (PA)
ALIMTA	AUBAGIO (PA)	BEOVU (PA)
ALIQOPA (PA)^	AUSTEDO (PA)	BERINERT (PA)

(PA) – Requires Prior Authorization
UPPER CASE - Brand Name Drug

Bold Lower Case - Generic Drug
* - Covered under Pharmacy Benefit Only

^ - Covered under Medical Benefit Only
¹ - Limited Distribution Drugs

2021 Service Benefit Plan Specialty Drug List - Form 4220 FEP-SO 02006554-A Effective 05/2021 Revised 04/2021

The Blue Cross and Blue Shield Service Benefit Plan maintains a list of specialty prescription drugs. Coverage of and out-of-pocket costs for drugs on this list may be different under Basic Option, Standard Option and FEP Blue Focus. Please select your plan, using the Specialty Drug Cost Tool, to confirm your coverage and cost information. The specialty drug list is updated monthly and is subject to change without notice.

BESPONSA (PA)
 BETASERON (PA)*
 BETHKIS
Bexarotene (PA)
 BICNU
 BIVIGAM (PA)
Bleomycin
 BLENREP (PA)¹
 BLINCYTO (PA)¹
 BORTEZOMIB (PA)
Bosentan (PA)
 BOSULIF (PA)
 BOTOX (PA)
 BRAFTOVI (PA)
 BREYANZI (PA)[^]
 BRINEURA (PA)[^]
 BRONCHITOL (PA)
 BRONCHITOL
 TOLERANCE TEST[^]
 BRUKINSA (PA)¹
 BUPHENYL (PA)
 BYFAVO[^]
 BYNFEZIA (PA)
C
 CABENUVA (PA)[^]
 CABLIVI (PA)[^]
 CABOMETYX (PA)
 CALQUENCE (PA)¹
 CAMPTOSAR
Capecitabine
 CAPRELSA (PA)¹
 CARBAGLU (PA)¹
Carboplatin
Carmustine
 CAYSTON
 CEPROTIN (PA)
 CERDELGA (PA)
 CEREZYME (PA)
 CETROTIDE (PA)
 CHOLBAM (PA)¹
 CHORIONIC
 GONADOTROPIN (PA)
 CIMZIA (PA)
Cinacalcet (PA)
 CINQAIR (PA)
 CINRYZE (PA)¹
Cisplatin

Cladribine
Clofarabine
 CLOLAR
 COAGADEX¹
 COMETRIQ (PA)¹
 COPAXONE (PA)*
 COPIKTRA (PA)¹
 CORIFACT
 COSELA (PA)[^]
 COSENTYX (PA)
 COSMEGEN
 COTELLIC (PA)
 CRYSVITA (PA)¹
 CUTAQUIG (PA)¹
 CUVITRU (PA)
Cyclophosphamide
 CYRAMZA (PA)
 CYSTADANE¹
 CYSTADROPS¹
 CYSTAGON¹
 CYSTARAN
Cytarabine
 CYTOGAM
 CYTOVENE
D
Dacarbazine
 DACOGEN
Dactinomycin
Dalfampridine ER (PA)
 DANYELZA (PA)[^]
 DARZALEX (PA)
Daunorubicin
 DAURISMO (PA)
Decitabine
Deferasirox (PA)
Deferiprone (PA)
Deferoxamine
 DESFERAL
Dexrazoxane
 DEXYCU[^]
 DIACOMIT (PA)¹
Dimethyl Fumarate (PA)
Docetaxel
Dofetilide
 DOJOLVI (PA)¹
 DOPTLET (PA)¹
 DOXIL

Doxorubicin
Droxidopa (PA)
 DSUVIA (PA)[^]
 DUPIXENT (PA)
 DUROLANE (PA)
 DYSPORT (PA)
E
 EGRIFTA (PA)
 ELAPRASE (PA)
 ELELYSO (PA)¹
 ELIGARD (PA)
 ELITEK
 ELLENCE
 ELOCTATE
 ELZONRIS (PA)[^]
 EMFLAZA (PA)¹
 EMLICITI (PA)
 ENBREL (PA)*
 ENDARI (PA)¹
 ENHERTU (PA)¹
 ENSPRYNG (PA)
Entecavir
 ENTYVIO (PA)
 EPCLUSA (PA)
 EPIDIOLEX (PA)
Epirubicin
 EPOGEN (PA)
Epoprostenol (PA)¹
Epoprostenol Sterile Diluent¹
 ERBITUX (PA)
 ERIVEDGE (PA)
 ERLEADA (PA)
Erlotinib (PA)
 ERWINAZE (PA)¹
 ESBRIET (PA)
 ESPEROCT
 ETHYOL
 ETOPOPHOS
Etoposide
 EUFLEXXA (PA)
 EVENITY (PA)
Everolimus (PA)
 EVRYSDI (PA)¹
 EVOMELA (PA)
 EXJADE (PA)
 EXONDYS 51 (PA)¹

(PA) – Requires Prior Authorization
 UPPER CASE - Brand Name Drug

Bold Lower Case - Generic Drug
 * - Covered under Pharmacy Benefit Only

[^] - Covered under Medical Benefit Only
¹ - Limited Distribution Drugs

2021 Service Benefit Plan Specialty Drug List - Form 4220 FEP-SO 02006554-A Effective 05/2021 Revised 04/2021

The Blue Cross and Blue Shield Service Benefit Plan maintains a list of specialty prescription drugs. Coverage of and out-of-pocket costs for drugs on this list may be different under Basic Option, Standard Option and FEP Blue Focus. Please select your plan, using the Specialty Drug Cost Tool, to confirm your coverage and cost information. The specialty drug list is updated monthly and is subject to change without notice.

EXTAVIA (PA)*
 EYLEA (PA)
F
 FABRAZYME (PA)
 FARYDAK (PA)
 FASENRA (PA)
 FASLODEX (PA)
 FEIBA
 FENSOLVI (PA)¹
 FERRIPROX (PA)¹
 FIBRYGA¹
 FINTEPLA (PA)¹
 FIRAZYR (PA)*
 FIRDAPSE (PA)¹
 FIRMAGON (PA)
 FLEBOGAMMA (PA)
 FLOLAN (PA)¹
 FLOLAN STERILE
 DILUENT¹
Floxuridine
Fludarabine
Fluorouracil
 FOLLISTIM AQ (PA)
 FOLOTYN
 FORTEO (PA)*
 FULPHILA (PA)
Fulvestrant
 FUZEON*
G
 GALAFOLD (PA)
 GAMASTAN (PA)
 GAMIFANT (PA)[^]
 GAMMAGARD (PA)
 GAMMAKED (PA)
 GAMMAPLEX (PA)
 GAMUNEX-C (PA)
Ganciclovir
Ganirelix (PA)
 GATTEX (PA)¹
 GAVRETO (PA)¹
 GAZYVA (PA)
 GEL-ONE (PA)
 GELSYN-3 (PA)
Gemcitabine
 GENOTROPIN (PA)*
 GENVISC 850 (PA)
 GILENYA (PA)

GILOTRIF (PA)¹
 GIVLAARI (PA)¹
 GLASSIA (PA)
Glatiramer (PA)*
Glatopa (PA)*
 GLEEVEC (PA)
 GONAL-F (PA)
 GRANIX (PA)
H
 HAEGARDA (PA)
 HALAVEN (PA)
 HARVONI (PA)
 HEMLIBRA
 HEMOFIL M
 HERZUMA (PA)
 HEPAGAM B
 HEPSERA (PA)
 HERCEPTIN (PA)
 HERCEPTIN
 HYLECTA (PA)
 HETLIOZ (PA)¹
 HIZENTRA (PA)
 HUMATE-P
 HUMATROPE (PA)*
 HUMIRA (PA)*
 HYALGAN (PA)
 HYCAMTIN
Hydroxyprogesterone
 HYMOVIS (PA)
 HYPERHEP B S/D
 HYPERRHO S/D
 HYQVIA (PA)
I
 IBRANCE (PA)
Icatibant (PA)*
 ICLUSIG (PA)¹
 IDAMYCIN
Idarubicin
 IDELVION
 IDHIFA (PA)
 IFEX
Ifosfamide
 ILARIS (PA)
 ILUMYA (PA)
Imatinib (PA)
 IMBRUVICA (PA)¹
 IMFINZI (PA)¹

IMLYGIC (PA)
 INBRIJA (PA)
 INCRELEX (PA)*
 INFLECTRA (PA)[^]
 INFUGEM[^]
 INGREZZA (PA)¹
 INLYTA (PA)
 INQOVI (PA)
 INREBIC (PA)
 INTRON A (PA)
 IRESSA (PA)¹
Irinotecan
 ISTODAX (PA)
 ISTURISA (PA)¹
 IXEMPRA
 IXINITY
J
 JADENU (PA)
 JAKAFI (PA)
 JELMYTO (PA)[^]
 JEVTANA (PA)
 JIVI
 JUXTAPID (PA)¹
 JYNARQUE (PA)
K
 KADCYLA (PA)
 KALBITOR (PA)¹
 KALYDECO (PA)
 KANJINTI (PA)
 KANUMA (PA)
 KCENTRA[^]
 KEPIVANCE (PA)
 KESIMPTA (PA)
 KEVZARA (PA)
 KEYTRUDA (PA)
 KHAPZORY
 KINERET (PA)¹
 KISQALI (PA)
 KITABIS
 KOATE
 KOGENATE FS
 KORLYM (PA)¹
 KOSELUGO (PA)¹
 KOVALTRY
 KRYSTEXXA (PA)
 KUVAN (PA)
 KYLEENA

(PA) – Requires Prior Authorization
 UPPER CASE - Brand Name Drug

Bold Lower Case - Generic Drug
 * - Covered under Pharmacy Benefit Only

[^] - Covered under Medical Benefit Only
¹ - Limited Distribution Drugs

2021 Service Benefit Plan Specialty Drug List - Form 4220 FEP-SO 02006554-A Effective 05/2021 Revised 04/2021

The Blue Cross and Blue Shield Service Benefit Plan maintains a list of specialty prescription drugs. Coverage of and out-of-pocket costs for drugs on this list may be different under Basic Option, Standard Option and FEP Blue Focus. Please select your plan, using the Specialty Drug Cost Tool, to confirm your coverage and cost information. The specialty drug list is updated monthly and is subject to change without notice.

KYMRIAH (PA)[^]
 KYPROLIS (PA)
L
Lapatinib Ditosylate (PA)
Ledipasvir/
Sofosbuvir (PA)
 LEMTRADA (PA)
 LENVIMA (PA)¹
 LETAIRIS (PA)
 LEUKINE (PA)
Leuprolide (PA)
Levoleucovorin
 LIBTAYO (PA)
 LILETTA¹
 LONSURF (PA)
 LORBRENA (PA)
 LUCENTIS (PA)
 LUMIZYME (PA)
 LUMOXITI (PA)
 LUPANETA
 LUPRON DEPOT (PA)
 LUPKYNIS (PA)¹
 LUTATHERA (PA)[^]
 LUXTURNA (PA)[^]
 LYNPARZA (PA)¹
M
 MACRILEN[^]
 MACUGEN (PA)
 MAKENA
 MARGENZA (PA)¹
 MARQIBO (PA)¹
 MATULANE
 MAVENCLAD (PA)
 MAVYRET (PA)
 MAYZENT (PA)
 MEKINIST (PA)
 MEKTOVI (PA)
Melphalan
 MENOPUR (PA)
 MEPSEVII (PA)¹
Mesna
 MESNEX
 MICRHOGAM
Miglustat (PA)
 MIRCERA (PA)¹
 MIRENA
Mitomycin

Mitoxantrone
Moderiba (PA)
 MONJUVI (PA)[^]
 MONONINE
 MONOVISC (PA)
 MOZOBIL (PA)
 MULPLETA (PA)
Mutamycin
 MVASI (PA)
 MYALEPT (PA)¹
 MYCAPSSA (PA)¹
 MYLOTARG (PA)
 MYOBLOC (PA)
 MYXREDLIN[^]
N
 NABI-HB
 NAGLAZYME (PA)¹
 NATPARA (PA)
 NAVELBINE
 NERLYNX (PA)¹
 NEULASTA (PA)
 NEUPOGEN (PA)
 NEXAVAR (PA)
 NEXPLANON
 NINLARO (PA)
 NIPENT
Nitisinone
 NITYR¹
 NIVESTYM (PA)
 NORDITROPIN (PA)^{*}
 NORTHERA (PA)
 NOURIANZ (PA)
 NOVAREL (PA)
 NOVOEIGHT
 NOVOSEVEN
 NPLATE (PA)
 NUBEQA (PA)
 NUCALA (PA)
 NULIBRY (PA)[^]
 NULOJIX
 NUPLAZID (PA)
 NUTROPIN AQ (PA)^{*}
 NUWIQ
O
 OBIZUR (PA)¹
 OCALIVA (PA)
 OCREVUS (PA)

OCTAGAM (PA)
Octreotide
 ODOMZO (PA)
 OFEV (PA)
 OGIVRI (PA)
 OLUMIANT (PA)
 OMNITROPE (PA)^{*}
 ONCASPAR (PA)
 ONIVYDE (PA)¹
 ONPATTRO (PA)[^]
 ONTRUZANT (PA)
 ONUREG (PA)
 OPDIVO (PA)
 OPSUMIT (PA)¹
 ORALAIR (PA)
 ORENCIA (PA)
 ORENITRAM (PA)¹
 ORFADIN¹
 ORGOVYX (PA)¹
 ORKAMBI (PA)
 ORLADEYO (PA)¹
 ORTHOVISC (PA)
 OTEZLA (PA)
 OVIDREL (PA)
Oxaliplatin
 OXBRYTA (PA)¹
 OXERVATE (PA)¹
P
Paclitaxel
 PADCEV (PA)
 PALFORZIA (PA)
 PALYNZIQ (PA)¹
Pamidronate
 PANZYGA (PA)
Paraplatin
 PARSABIV (PA)
 PEGASYS (PA)
 PEG-INTRON (PA)
 PEMAZYRE (PA)¹
 PEPAXTO (PA)¹
 PERJETA (PA)
 PHESGO (PA)
 PHOTOFRIN[^]
 PIQRAY (PA)
 PLEGRIDY (PA)
 POLIVY (PA)
 POMALYST (PA)

(PA) – Requires Prior Authorization
 UPPER CASE - Brand Name Drug

Bold Lower Case - Generic Drug
 * - Covered under Pharmacy Benefit Only

[^] - Covered under Medical Benefit Only
¹ - Limited Distribution Drugs

2021 Service Benefit Plan Specialty Drug List - Form 4220 FEP-SO 02006554-A Effective 05/2021 Revised 04/2021

The Blue Cross and Blue Shield Service Benefit Plan maintains a list of specialty prescription drugs. Coverage of and out-of-pocket costs for drugs on this list may be different under Basic Option, Standard Option and FEP Blue Focus. Please select your plan, using the Specialty Drug Cost Tool, to confirm your coverage and cost information. The specialty drug list is updated monthly and is subject to change without notice.

PORTRAZZA (PA)
 POTELIGEO (PA)¹
 PRALUENT (PA)
 PREGNYL (PA)
 PREVYMIS (PA)
 PRIALT
 PRIVIGEN (PA)
 PROCRIT (PA)
 PROCYSBI (PA)¹
 PROFILNINE
 PROLASTIN-C (PA)¹
 PROLEUKIN
 PROLIA (PA)
 PROMACTA (PA)
 PROPEL (PA)[^]
 PROPEL CONTOUR (PA)[^]
 PROPEL MINI (PA)[^]
 PROVENGE (PA)[^]
 PULMOZYME (PA)
 PURIXAN
Q
 QINLOCK (PA)¹
R
 RADICAVA (PA)
 RAVICTI (PA)
 REBIF (PA)*
 REBINYN
 REBLOZYL (PA)
 RECLAST (PA)
 RECOMBINATE
 REMICADE (PA)[^]
 REMODULIN (PA)¹
 RENFLEXIS (PA)[^]
 REPATHA (PA)
 RETACRIT (PA)
 RETEVMO (PA)
 REVATIO (PA)
 REVCovi (PA)
 REVLIMID (PA)
 RHOGAM
 RHOPHYLAC
 RIABNI (PA)
 RIASTAP
Ribasphere (PA)
Ribavirin (PA)
 RINVOQ (PA)

RITUXAN (PA)
 RITUXAN HYCELA (PA)
 RIXUBIS
 ROMIDEPSIN (PA)
 ROZLYTREK (PA)
 RUBRACA (PA)¹
 RUCONEST (PA)
 RUXIENCE (PA)
 RUZURGI (PA)¹
 RYDAPT (PA)
S
 SABRIL (PA)
 SAIZEN (PA)*
 SAMSCA (PA)
 SANDOSTATIN (PA)
 SANDOSTATIN LAR (PA)
Sapropterin (PA)
 SARCLISA (PA)¹
 SCENESSE (PA)[^]
 SENSIPAR (PA)
 SEVENFACT
 SEROSTIM (PA)*
 SIGNIFOR (PA)¹
 SIKLOS (PA)
Sildenafil (PA)
 SILIQ (PA)
 SIMPONI ARIA IV (PA)
 SIMPONI SC (PA)
 SINUVA (PA)[^]
 SKYLA
 SKYRIZI (PA)
 SODIUM
 HYALURONATE (PA)
Sodium
Phenylbutyrate (PA)
Sofosbuvir/
Velpatasvir (PA)
 SOLESTA¹
 SOLIRIS (PA)
 SOMATULINE DEPOT (PA)
 SOMAVERT
 SOVALDI (PA)
 SPINRAZA (PA)[^]
 SPRYCEL (PA)
 STELARA IV (PA)
 STELARA SC (PA)*

STIMATE
 STIVARGA (PA)
 STRENSIQ (PA)¹
 STRONTIUM CHLORIDE SR-89 (PA)[^]
 SUBLOCADE (PA)
 SUPARTZ FX (PA)
 SUPPRELIN LA (PA)
 SUTENT (PA)
 SYMDEKO (PA)
 SYNAGIS (PA)
 SYNRIPO (PA)¹
 SYNVISIC (PA)
T
 TABRECTA (PA)
Tadalafil (PA)
 TAFINLAR (PA)
 TAGRISSO (PA)¹
 TAKHZYRO (PA)¹
 TALTZ (PA)
 TALZENNA (PA)
 TARCEVA (PA)
 TARGRETIN (PA)
 TASIGNA (PA)
 TAVALISSE (PA)¹
 TAXOTERE
 TAZVERIK (PA)¹
 TECARTUS (PA)[^]
 TECENTRIQ (PA)
 TECFIDERA (PA)
 TEGSEDI (PA)¹
 TEMODAR (PA)
Temozolomide
Temsirolimus
 TEPADINA
 TEPEZZA (PA)¹
 TEPMETKO (PA)¹
Teriparatide (PA)
 TESTOPEL (PA)
Tetrabenazine (PA)
 THALOMID
Thiotepa
 THYROGEN
 TIBSOVO (PA)¹
 TICE BCG¹
 TIKOSYN (PA)
 TOBI

(PA) – Requires Prior Authorization
 UPPER CASE - Brand Name Drug

Bold Lower Case - Generic Drug
 * - Covered under Pharmacy Benefit Only

[^] - Covered under Medical Benefit Only
¹ - Limited Distribution Drugs

2021 Service Benefit Plan Specialty Drug List - Form 4220 FEP-SO 02006554-A Effective 05/2021 Revised 04/2021

The Blue Cross and Blue Shield Service Benefit Plan maintains a list of specialty prescription drugs. Coverage of and out-of-pocket costs for drugs on this list may be different under Basic Option, Standard Option and FEP Blue Focus. Please select your plan, using the Specialty Drug Cost Tool, to confirm your coverage and cost information. The specialty drug list is updated monthly and is subject to change without notice.

Tobramycin
Toposar
Topotecan
 TORISEL
 TOTECT
Tolvaptan (PA)
 TRACLEER (PA)
 TRAZIMERA (PA)
 TREANDA (PA)
 TRELSTAR (PA)
 TREMFYA (PA)
Treprostinil (PA)¹
 TRETEN
 TRIKAFTA (PA)
 TRILURON (PA)
 TRIPTODUR (PA)¹
 TRISENOX
 TRIVISC (PA)
 TRODELVY (PA)
 TROGARZO (PA)
 TUKYSA (PA)¹
 TRUXIMA (PA)
 TURALIO (PA)¹
 TYKERB (PA)
 TYMLOS (PA)
 TYSABRI (PA)
 TYVASO (PA)¹
U
 UDENYCA (PA)
 UKONIQ (PA)¹
 ULTOMIRIS (PA)
 UPLIZNA (PA)[^]
 UPTRAVI (PA)¹
V
 VALCHLOR (PA)¹
Valrubicin
 VALSTAR
 VANTAS (PA)
 VARIZI
 VECTIBIX (PA)
 VEKLURY[^]
 VELCADE (PA)
 VELETRI (PA)¹
 VEMLIDY
 VENCLEXTA (PA)¹
 VENTAVIS (PA)¹
 VERZENIO (PA)

VIDAZA
Vigabatrin (PA)
Vigadrone (PA)¹
 VILTEPSO (PA)¹
 VIMIZIM (PA)¹
 VINBLASTINE
Vincasar
 VINCRISTINE
Vinorelbine
 VIRAZOLE[^]
 VISCO-3 (PA)
 VISUDYNE
 VITRAKVI (PA)¹
 VIVITROL
 VIZIMPRO (PA)
 VONVENDI
 VORAXAZE
 VOSEVI (PA)
 VOTRIENT (PA)
 VPRIV (PA)
 VUMERITY (PA)
 VYEPTI (PA)
 VYNDAMAX (PA)
 VYNDAQEL (PA)
 VYONDYS 53 (PA)¹
W
 WAKIX (PA)¹
 WILATE
 WINRHO SDF
X
 XALKORI (PA)
 XELJANZ (PA)
 XELJANZ XR (PA)
 XELODA (PA)
 XEMBIFY (PA)¹
 XENAZINE (PA)
 XEOMIN (PA)
 XERAVA[^]
 XERMELO (PA)¹
 XGEVA (PA)
 XIAFLEX (PA)¹
 XOLAIR (PA)
 XOSPATA (PA)¹
 XPOVIO (PA)¹
 XTANDI (PA)
 XYNTHA

Y
 YERVOY (PA)
 YESCARTA (PA)[^]
 YONDELIS (PA)
 YONSA (PA)
 YUTIQ[^]
Z
 ZALTRAP (PA)
 ZANOSAR
 ZARXIO (PA)
 ZAVESCA (PA)¹
 ZEJULA (PA)¹
 ZELBORAF (PA)
 ZEMAIRA (PA)¹
 ZEMDRI[^]
 ZEPATIER (PA)
 ZEPOSIA (PA)
 ZEPZELCA (PA)¹
 ZEVALIN Y-90 (PA)[^]
 ZIEXTENZO (PA)
 ZILRETTA (PA)[^]
 ZIRABEV (PA)
 ZOKINVY (PA)¹
 ZOLADEX (PA)
Zoledronic Acid
 ZOLGENSMA (PA)[^]
 ZOLINZA (PA)
 ZOMACTON (PA)
 ZORBTIVE (PA)^{*}
 ZORTRESS
 ZULRESSO (PA)[^]
 ZYDELIG (PA)¹
 ZYKADIA (PA)
 ZYTIGA (PA)

(PA) – Requires Prior Authorization
 UPPER CASE - Brand Name Drug

Bold Lower Case - Generic Drug
^{*} - Covered under Pharmacy Benefit Only

[^] - Covered under Medical Benefit Only
¹ - Limited Distribution Drugs

2021 Service Benefit Plan Specialty Drug List - Form 4220 FEP-SO 02006554-A Effective 05/2021 Revised 04/2021

The Blue Cross and Blue Shield Service Benefit Plan maintains a list of specialty prescription drugs. Coverage of and out-of-pocket costs for drugs on this list may be different under Basic Option, Standard Option and FEP Blue Focus. Please select your plan, using the Specialty Drug Cost Tool, to confirm your coverage and cost information. The specialty drug list is updated monthly and is subject to change without notice.



Federal Employee Program.



2021 Limited Distribution Drug List

Limited Distribution Drugs (LDD): In some cases, a manufacturer may limit the number of pharmacies it allows to carry (or distribute) a Limited Distribution Drug. Or sometimes a condition of the Food and Drug Administration's (FDA) drug approval process may require a drug to be in the LDD category.

Limited distribution helps the manufacturer carefully keep track of drugs that have special dosing or lab monitoring requirements, or that need to be followed very closely to ensure that any risks that are associated with the LDD are minimized.

You may get the Limited Distribution Drugs listed below through a specific Preferred retail pharmacy with the Specialty Drug Pharmacy Program copayments under the Standard Option and Basic Option. Please contact the Specialty Pharmacy Program at 1-888-346-3731 for assistance with finding the appropriate pharmacy.

A	CYSTADROPS	GAVRETO
ADEMPAS	CYSTAGON	GILOTRIF
ALFERON N	D	GIVLAARI
ALUNBRIG	DIACOMIT	H
APOKYN	DOJOLVI	HETLIOZ
ARCALYST	DOPTELET	I
ARIKAYCE	E	ICLUSIG
AYVAKIT	ELELYSO	IMBRUVICA
B	EMFLAZA	IMFINZI
BALVERSA	ENDARI	INGREZZA
BAVENCIO	ENHERTU	IRESSA
BLENREP	EPOPROSTENOL SODIUM	ISTURISA
BLINCYTO	Epoprostenol Sterile Diluent	J
BRUKINSA	ERWINAZE	JUXTAPID
C	EVRYSDI	K
CALQUENCE	EXONDYS 51	KALBITOR
CAPRELSA	F	KINERET
CARBAGLU	FENSOLVI	KORLYM
CHOLBAM	FERRIPROX	KOSELUGO
CINRYZE	FIBRYGA	L
COAGADEX	FINTEPLA	LENVIMA
COMETRIQ	FIRDAPSE	LILETTA
COPIKTRA	FLOLAN	LUPKYNIS
CRYSVITA	FLOLAN STERILE DILUENT	LYNPARZA
CUTAQUIG	G	M
CYSTADANE	GATTEX	MARGENZA

(PA) – Requires Prior Authorization
UPPER CASE - Brand Name Drug

Bold Lower Case - Generic Drug
* - Covered under Pharmacy Benefit Only

^ - Covered under Medical Benefit Only
- Limited Distribution Drugs

2021 Service Benefit Plan Specialty Drug List - Form 4220 FEP-SO 02006554-A Effective 05/2021 Revised 04/2021

The Blue Cross and Blue Shield Service Benefit Plan maintains a list of specialty prescription drugs. Coverage of and out-of-pocket costs for drugs on this list may be different under Basic Option, Standard Option and FEP Blue Focus. Please select your plan, using the Specialty Drug Cost Tool, to confirm your coverage and cost information. The specialty drug list is updated monthly and is subject to change without notice.

MARQIBO	TEGSEDI
MEPSEVII	TEPEZZA
MIRCERA	TEPMETKO
MYALEPT	TIBSOVO
MYCAPSSA	TICE BCG
N	TREPROSTINIL
NAGLAZYME	TRIPTODUR
NERLYNX	TUKYSA
NITYR	TURALIO
O	TYVASO
OBIZUR	TYVASO REFILL
ONIVYDE	TYVASO STARTER
OPSUMIT	U
ORENITRAM	UKONIQ
ORFADIN	UPTRAVI
ORGOVYX	V
ORLADEYO	VALCHLOR
OXBRYTA	VELETRI
OXERVATE	VENCLEXTA
P	VENTAVIS
PALYNZIQ	VIGADRONE
PEMAZYRE	VILTEPSO
PEPAXTO	VIMIZIM
POTELIGEO	VITRAKVI
PROCYSBI	VYONDYS 53
PROLASTIN-C	W
Q	WAKIX
QINLOCK	X
R	XEMBIFY
REMODULIN	XERMELO
RUBRACA	XIAFLEX
RUZURGI	XOSPATA
S	XPOVIO
SARCLISA	Z
SIGNIFOR	ZAVESCA
SIGNIFOR LAR	ZEJULA
SOLESTA	ZEMAIRA
STRENSIQ	ZEPZELCA
SYNRIBO	ZOKINVY
T	ZYDELIG
TAGRISO	
TAKHZYRO	
TAVALISSE	
TAZVERIK	

(PA) – Requires Prior Authorization	Bold Lower Case - Generic Drug	^ - Covered under Medical Benefit Only
UPPER CASE - Brand Name Drug	* - Covered under Pharmacy Benefit Only	† - Limited Distribution Drugs

2021 Service Benefit Plan Specialty Drug List - Form 4220 FEP-SO 02006554-A Effective 05/2021 Revised 04/2021

The Blue Cross and Blue Shield Service Benefit Plan maintains a list of specialty prescription drugs. Coverage of and out-of-pocket costs for drugs on this list may be different under Basic Option, Standard Option and FEP Blue Focus. Please select your plan, using the Specialty Drug Cost Tool, to confirm your coverage and cost information. The specialty drug list is updated monthly and is subject to change without notice.