

Specialty medical benefit drug list

Each specialty medical benefit 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. Regardless of how the drug is classified, precertification review (indicated below by *) is required for ALL indications, unless noted below as an exception.

Drugs that are not included in the list either may not be considered specialty drugs, or may be eligible for coverage under the member's pharmacy benefit. Drugs eligible for coverage under the pharmacy benefit are typically drugs that members can administer to themselves (e.g., oral agents, topical agents, self-injectable drugs). Biosimilars to any originator products on this list are considered specialty drugs after they have been approved by the U.S. Food and Drug Administration. Any precertification requirements that apply to the originator products noted below also apply to the biosimilar products.

This list is subject to change without notice. For additional information about Independence Blue Cross Specialty Medical Benefit Drugs, call the telephone number on the member's insurance card.

Specialty drugs

Alpha-1 Proteinase Inhibitors [†]	Aralast*, Glassia*, Prolastin*, Zemaira*
Anemia	Aranesp [†] , Epogen [†] , Mircera, Procrit [†] , Retacrit
Anti-PD-1/PD-L1 Human Monoclonal Antibodies [†]	Bavencio*, Imfinzi*, Keytruda*, Libtayo*, Opdivo*, Tecentriq*
Bone-Modifying Agents	Evenity, Prolia*, Xgeva*
Botulinum Toxins	Botox* [†] , Dysport [†] , Myobloc [†] , Xeomin [†]
Cancer	Abraxane*, Adcetris*, Alimta*, Aliqopa, Arzerra, Asparlas, Avastin* (except for ophthalmological conditions), Azedra*, Beleodaq*, Belrapzo, Bendeka, Besponsa, Blincyto*, Cyramza*, Darzalex*, Eloxatin, Elzonris*, Empliciti, Erbitux*, Erwinaze*, Faslodex, Firmagon, Folutyn*, Gazyva, Halaven*, Herceptin*, Herceptin Hylecta*, Herzuma*, Imlygic*, Intron-A, Istodax*, Jevtana*, Kadcyła*, Khapzory, Kyprolis*, Lartruvo, Lumoxiti*, Mvasi* (except for ophthalmological conditions), Mylotarg, Ogivri*, Oncaspar, Pefexy*, Perjeta*, Portrazza, Poteligeo*, Provenge*, Rituxan*, Rituxan Hycela*, Synribo, Temodar, Trazimera*, Treanda, Truxima*, Velcade, Vyxeos, Xofigo*, Yervoy*, Zevalin*
Chimeric Antigen Receptor (CAR-T) Therapies [†]	Kymriah*, Yescarta*
Cystic Fibrosis	Cayston [†] , Pulmozyme [†] , Tobi [†]
Cytomegalovirus Agents	Cytogam, Foscarnet, Vistide
Endocrine/Metabolic Agents	17-alpha hydroxyprogesterone caproate, Acthar HP* [†] , Eligard [†] , Lupaneta, Lupron depot [†] , Lutathera* [†] , Lutrate, Makena*, Sandostatin [†] , Sandostatin LAR* [†] , Signifor LAR, Somatuline depot* [†] , Supprelin LA [†] , Thyrogen [†] , Trelstar [†] , Triptodur [†] , Vantas [†] , Zoladex [†]
Enzyme Replacement Agents [†]	Adagen*, Aldurazyme*, Brineura* [†] , Cerezyme* [†] , Elaprase*, Elelyso* [†] , Fabrazyme* [†] , Kanuma*, Lumizyme* [†] , Mepsevii* [†] , Naglazyme*, Revcovi*, Vimizim*, VPRIV* [†]
Gene Therapy [†]	Luxturna* [†]
Hematological Agents	Mozobil, Thrombate III

Hemophilia/Coagulation Factors†	Advate*†, Adynovate*†, Afstyla*†, Alphanate*†, Alphanine SD*†, Alprolix*†, Bebulin*†, Bebulin VH*†, BeneFIX*†, Coagadex*†, Corifact*†, Eloctate*†, Esperoct*†, Feiba NF*†, Feiba VH*†, Fibryga*†, Helixate FS*†, Hemlibra*†, Hemofil M*†, Humate P*†, Idelvion*†, IXinity*†, Jivi*†, Koate DVI*†, Kogenate FS*†, Kovaltry*†, Monoclate P*†, Mononine*†, Novoeight*†, Novoseven*†, Novoseven RT*†, Nuwiq*†, Obizur*†, Profilnine SD*†, Rebiny*†, Recombinate*†, RiaSTAP*†, Rixubis*†, Tretten*†, Vonvendi*†, Wilate*†, Xyntha*†
Hyaluronate Acid Products	Durolane*†, Euflexxa*†, Gel-One*†, Gelsyn-3*†, GenVisc 850*†, Hyalgan*†, Hymovis*†, Monovisc*†, Orthovisc†, Supartz*†, Synvisc†, Synvisc-One†, TriVisc*†, VISCO-3*†
Immune Globulin†	Asceniv*†, Bivigam*†, Carimune NF*†, Cutaquig*†, Cuvitru*†, Flebogamma*†, Flebogamma DIF*†, Gamastan S/D*†, Gammagard Liquid*†, Gammagard S/D*†, Gammaked*†, Gammaplex*†, Gamunex C*†, Hizentra*†, HyQvia*†, Octagam*†, Panzyga*†, Privigen*†
Immunological Agents	Actemra*†, Benlysta*†, Entyvio*†, Ilumya*†, Inflectra*†, Ixifi*†, Orencia*†, Remicade*†, Renflexis*†, Simponi Aria*†, Stelara*†
Immunosuppressive Agents	Atgam, Nulojix
Multiple Sclerosis Agents†	Lemtrada*, Ocrevus*†, Tysabri*†
Neutropenia	Fulphila*†, Granix, Leukine†, Neulasta*†, Neulasta Onpro*†, Neupogen†, Nivestym, Udenyca*, Zarxio
Ophthalmic Agents	Cytovene, Eylea†, Iluvien†, Lucentis†, Macugen†, Ozurdex†, Retisert†, Visudyne†, Yutiq
Psychotropic Agents	Abilify Maintena, Aristada, Aristada Initio, Invega Sustenna, Invega Trinza, Perseris, Risperdal Consta, Risperdal ER, Spravato
Pulmonary Hypertension	Flolan*†, Remodulin*†, Revatio†, Tyvaso†, Veletri*†, Ventavis†
Respiratory Agents	Cinqair*†, Fasenna*†, Nucala*†, Synagis*, Xolair*†
Substance Use Disorder Agents	Brixadi, Probuphine†, Sublocade†, Vivitrol†
Thrombocytopenia	Nplate†
Miscellaneous Therapeutic Agents	Alferon N†, Crysvida*†, Duopa, Exondys-51*, Gamifant*, Ilaris*†, Kalbitor†, Krystexxa*†, Onpattro*†, Qutenza†, Radicava*†, Soliris*†, Spinraza*†, Sylvant*†, Trogarzo*†, Ultomiris*†, Xiaflex†, Zilretta†, Zulresso†

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

† Drugs that are subject to applicable cost-share for members who are enrolled in certain products (e.g., FLEX products).

‡ All drugs that can be classified under this header require precertification. This includes any unlisted brand or generic names, or biosimilars, as well as new drugs that are approved by the FDA in that class during the course of the benefit year.



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.