

Specialty pharmacy drug benefit

What are specialty drugs?

Specialty pharmacy drugs covered under the prescription drug benefit are typically drugs that are self-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.

Optum Specialty Pharmacy, administered by OptumRx, manages specialty drug prescriptions for Independence Blue Cross members. Members can call **1-855-427-4682** to enroll in the specialty drug program.

At no charge to members, this program offers an array of services designed specifically to meet the needs of those taking specialty medications and their caregivers. These include 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 ordering and delivery, and refill reminders.

For additional information about the Optum Specialty Pharmacy, administered by OptumRx, members should call the Pharmacy Benefits number on the back of their member ID card.

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

Acromegaly	BYNFEZIA*, MYCAPSSA*, SOMAVERT*
Antihyperlipidemics	octreotide injection, JUXTAPID*, KYNAMRO*†, SANDOSTATIN*†
Antineoplastic†	abiraterone*, abirtega*, AFINITOR*†, AFINITOR DISPERZ*†, AKEEGA*, ALECENSA*, ALKERAN†, ALUNBRIG*, AUGTYRO*, AVMAPKI*, AYVAKIT*, BALVERSA*, BESREMI*, bexarotene*, BOSULIF*, BRAFTOVI*, BRUKINSA*, CABOMETYX*, CALQUENCE*, capecitabine, CAPRELSA*, COMETRIQ*, COPIKTRA*, COTELLIC*, DANZITEN*, dasatinib*, DAURISMO*, EFUDEX† topical, ENSACOVE*, ERIVEDGE*, ERLEADA*, erlotinib*, etoposide, everolimus*, EXKIVITY*, FARYDAK*, FOTIVDA*, FRUZAQLA*, GAVRETO*, GILOTRIF*, GLEEVEC*†, gleostine, GOMEKLI*, HERNEXEOS*, HYCAMTIN*, IBTROZI*, IBRANCE*, ICLUSIG*, IDHIFA*, imatinib*, IMBRUVICA*, IMKELDI*, INLYTA*, INQOVI*, INREBIC*, IRESSA*†, ITOVEBI*, IWILFIN*, JAKAFI*, JAYPIRCA*, KISQALI*, KOSELUGO*, KRAZATI*, lapatinib*, LAZCLUZE*, lenalidomide*, LENVIMA*, LEUKERAN*, LONSURF*, LORBRENA*, LUMAKRAS*, LYNPARZA*, LYTGObi*, MATULANE, MEKINIST*, MEKTOVI*, melphalan, mercaptopurine suspension, MÓDEYSO*, NERLYNX*, NEXAVAR*†, nilotinib*, NILOTINIB D-TARTRATE*, NINLARO*, NUBEQA*, ODOMZO*, OGSIVEO*, OJEMDA*, ONUREG*, ORGOVYX*, ORSERDU*, pazopanib*, PEMAZYRE*, PIQRAY*, POMALYST*, PURIXAN†, QINLOCK*, RETEVMO*, REVLIMID*, REVUFORJ*, REZLIDHIA*, ROMVIMZA*, ROZLYTREK*, RUBRACA*, RYDAPT*, SCEMBLIX*, sorafenib*, SPRYCEL*, STIVARGA*†, sunitinib*, SUTENT*, SYLATRON*, TABRECTA*, TAFINLAR*, TAGRISSO*, TALZENNA*, TARCEVA*†, TARGRETIN*†, TASIGNA†, TAZVERIK*, TEMODAR*†, temozolomide*, TEPMETKO*, THALOMID*, TIBSOVO*, torpenz*, tretinoin capsule*, TRUQAP*, TRUSELTIQ*, TUKYSA*, TURALIO*, TYKERB*†, UKONIQ*, VALCHLOR*, VANFLYTA*, VENCLEXTA*, VERZENIO*, VITRAKVI*, VIZIMPRO*, VONJO*, VORANIGO*, VOTRIENT*†, WELIREG*, XALKORI*, XELODA†, XOSPATA*, XPOVIO*, XTANDI*, YONSA*, ZEJULA*, ZELBORAF*, ZOLINZA*, ZYDELIG*, ZYKADIA*, ZYTIGA*†
Cystic fibrosis	ALYFTREK*, BETHKIS*†, BRONCHITOL*, CAYSTON*, KALYDECO*, KITABIS PAK*†, ORKAMBI*, PULMOZYME, SYMDEKO*, TOBI NEBULIZATION SOLUTION*†, TOBI PODHALER CAPSULE, tobramycin nebulization solution, TRIKAFTA*

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

Immune modulating therapies	ABRILADA*, ACTEMRA*†, ADALIMUMAB-AACF*, ADALIMUMAB-AATY*†, ADALIMUMAB-ADAZ*†, ADALIMUMAB-ADB*†, ADALIMUMAB-ADB 10MG and 20MG*, ADALIMUMAB-ADB 40MG*†, ADBRY*, ADALIMUMAB FKJP*†, ADALIMUMAB-RYVK*†, AMJEVITA*†, ARCALYST*, BIMZELX*, CIMZIA*, COSENTYX*, CYLTEZO*†, EBGLYSS*, ENBREL*, ENTYVIO*, HADLIMA*†, HEMLIBRA*, HULIO*†, HYRIMOZ*†, IDACIO*†, IMULDOSA*†, KEVZARA*, KINERET*, NEMLUVIO*, OLUMIANT*, OMVOH*, ORENCIA*, OTEZLA*, OTULFI*, PYZCHIVA autoinjector*†, PYZCHIVA prefilled syringed*, RINVOQ*, SELARSDI*†, SILIQ*, SIMLANDI*, SIMPONI*, SKYRIZI*, STELARA*†, STEQEYMA*†, TALTZ*, TREMFYA*, TYENNE*, USTEKINUMAB-AEKN*†, VELSIPITY*, WEZLANA*†, YESINTEK*, YUFLYMA*†, YUSIMRY*†, XELJANZ (XR)*, ZYMFENTRA*
Enzyme replacement	CERDELGA*
Growth hormone	GENOTROPIN*†, HUMATROPE*†, INCRELEX*, NGENLA*, NORDITROPIN*, NUTROPIN AQ*†, OMNITROPE*, SAIZEN*†, SAIZENPREP*, SEROSTIM*, SKYTROFA*, ZOMACTON*†, ZORBIVTE*†
Hematopoietics	ALVAIZ*, DOPTOLET*†, eltrombopag*, MULPLETA*†, PROMACTA*†, TAVALLISSE*
Hemophilia	ADVATE*, ADYNOVATE*, AFSTYLA*, ALHEMO*, ALPHANATE*, ALPHANINE SD*, ALPROLIX*, ALTUVIIO*, BEBULIN*, BENEFIX*, COAGADEX*, CORIFACT*, ELOCTATE*, ESPEROCT*, FEIBA*, HELIXATE FS*, HEMLIBRA*, HEMOFIL M*, HUMATE-P*, HYMPAVZI*, IDELVION*, IXINITY*, JIVI*, KOATE*, KOATE-DVI*, KOGENATE FS*, KOVALTRY*, MONOCLATE-P*, MONONINE*, NOVOEIGHT*, NOVOSSEVEN RT*, NUWIQ*, OBIZUR*, PROFILNINE*, QFITLIA*†, REBINYN*, RECOMBINATE*, RIXUBIS*, SEVENFACT*, TRETEN*, VONVENDI*, WILATE*, XYNTHA*
Hepatitis C	EPCLUSA*, HARVONI*†, ledipasvir/sofosbuvir*, MAVYRET*, moderiba, PEGASYS*, PEG-INTRON, REBETOL†, RIBAPAK, RIBASPHERE, ribavirin, SOVALDI*, velpatasvir/sofosbuvir*, VIEKIRA XR*, VIRAZOLE†, VOSEVI*, ZEPATIER*
Hereditary angioedema	ANDEMBRY*, BERINERT*, CINRYZE*, FIRAZYR*, HAEGARDA*, icatibant*, ORLADEYO*, RUCONEST*, SAJAZIR*†, TAKHZYRO*
Hormonal therapies	KORLYM*†, leuprolide acetate, mifepristone 300mg tab*, NATPARA*, ISTURISA*
Infectious disease	ACTIMMUNE*, ARIKAYCE*
Infertility†	CETRORELIX, CETROTIDE†, FOLLISTIM AQ, FYREMADEL†, ganirelix, GONAL-F*, GONAL-F RFF*, MENOPUR*, NOVAREL, OVIDREL
Multiple sclerosis	AMPYRA*†, AUBAGIO*†, AVONEX, BAFIERTAM, BETASERON, COPAXONE*†, dalfampridine, dimethyl fumarate, EXTAVIA*†, fingolimod, GILENYA*†, glatopa, KESIMPTA*†, MAVENCLAD*, MAYZENT, PLEGRIDY*, REBIF*, TASCENSCO*†, TECFIDERA, teriflunomide, VUMERITY, ZEPOSIA*†
Osteoporosis	BONSITY*†, FORTEO*†, TERIPARATIDE 620MCG/2.48ML*, TERIPARATIDE 600MCG/2.4ML*†, TYMLOS*
Other therapies	AGAMREE*, APOKYN*†, apomorphine*, AUSTEDO*, BENLYSTA*, BRINSUPRI*, BUPHENYL*†, CABLIVI, CAMZYOS*, CARBAGLU*†, carglumic acid*, CHENODAL, CHOLBAM*, CIBINQO*, clovique*, CRENESSITY*, CUVRIOR*†, CYSTADROPS*, CYSTAGON*, CYSTARAN*, DAWN ZERA*†, DAYBUE*, D-PENAMINE, deflazacort*, DIACOMIT*, dichlorphenamide*, DUPIXENT*, DUVYZAT*, EMFLAZA*†, ENSPRYNG*, ESBRIET*†, EVRYSDI*, FABHALTA*, FASENRA*, FILSPARI*, FILSUEVZ*, FINTEPLA*†, FIRDAPSE*, GALAFOLD*, GATTEX*, HARLIKU*†, HETLIOZ*, INBRIJA*, INGREZZA*, IQIRVO*, JAVYGTOR*†, jaythari*, JOENJA*, JYNARQUE*, KEVEYIS* KUVAN*, KYNMOBI*, LEQSELVI*, LITFULO*†, LIVDELZI*, LIVMARLI*, LUMRYZ*, MIPLYFFA*, MYALEPT*, nitisinone*, NITYR, NUCALA*, OCALIVA*, OFEV*, OJJAARA*, OLPRUVA*†, OPFOLDA, ORFADIN*†, ORMALVI*†, OXBRYTA*, OXERVATE*, PALYNZIQ*, PHEBURANE*†, pifrenidone*, PROCYSBI*, pyquvi*, PYRUKYND*, RADICAVA ORS*, RAVICTI*†, RECORLEV*, RELYVRIO*, RIDAURA, RILUTEK†, riluzole, RIVFLOZA*, RUZURGI*, SABRIL*†, SAMSCA*†, sapropterin*, SEPHIENCE*†, SIGNIFOR*, SKYCLARYS*, SODIUM OXYBATE SOL 500MG/ML by Hikma*†, sodium phenylbutyrate*, SOHONOS*, SOTYKTU*, SPEVIGO*, STRENSIQ*, SUCRAID*, tasimelteon*, TAVNEOS*, TEGSEDI*, TEZSPIRE*, THIOLA EC*†, TIGLUTIK, tiopronin, tolvaptan*, TRYNGOLZA*, VANRAFIA*, vigabatrin*, vigadron*†, VIGAFYDE*†, VIJOICE*, VOXZOGO*, VOYDEYA*, VYKAT XR*, VYNDAMAX*, VYNDAQEL*, VYVGART [HYTRULO]*, WAINUA*, WAKIX*, WAYRILZ*†, XERMELO*, XOLAIR*, XOLREMDI*, XURIDEN*, XYREM*†, XYWAV*, yargesa*, YORVIPATH*, zelvysia*, ZILBRYSQ*, ZTALMY*
Pulmonary hypertension	ADCIRCA*†, ADEMPAS*, ambrisentan*, bosentan*, LETAIRIS*†, LIQREV*†, OPSUMIT*, OPSYNVI*† ORENITRAM*, REVATIO*†, sildenafil citrate*, tadalafil* (PAH), TADLIQ*†, TRACLEER*†, TYVASO [DPI]* UPTRAVI*, VENTAVIS*, WINREVAIR*, YUTREPIA*†

* These drugs 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 in-network 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 the Pharmacy Benefits number on the back of 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.

This list is current as of 4/1/2026 and is subject to change. For the most up-to-date information, please log in at ibx.com to search for specific drugs.

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

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