

Specialty Medication List

Find out if your medication is on the list

If you're living with a complex health condition, we know it can be stressful and confusing. Our specialty pharmacy services are here to support you with the care and medications you need, every step of the way.

Below is a list of medications that are included in our Specialty Pharmacy Program. If you're taking one of these medications, you can sign up for the Specialty Pharmacy Program and receive:

- Access to your own care team, including pharmacists, reimbursement specialists and patient care coordinators.
- Scheduled shipments delivered to your door at a time that works for you.
- 24/7/365 support

Questions?

Call the Customer Service number on your member ID card.



Effective 1/1/2021

Regence BlueCross BlueShield of Utah
is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Utah
2890 E Cottonwood Parkway | Salt Lake City, UT 84121

© 2021 Regence BlueCross BlueShield of Utah

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)。

Specialty pharmacy program medication list

Key

* Prime Limited Distribution Network

(M) Medical

Products flagged as limited distribution may not be available through AllianceRx Walgreens Prime Pharmacy

Brand-name products are capitalized (e.g. FLOLAN)

Generic products are in lowercase (e.g. epoprostenol sodium)

Anticoagulants

IPRIVASK (M)

Anticonvulsants

EPIDIOLEX
FINTEPLA*
SABRIL
SYMPAZAN
vigabatrin

Antivirals

VALCYTE

Autoimmune

ACTEMRA
ACTEMRA IV (M)
ARCALYST*
AVSOLA (M)
BENLYSTA
BENLYSTA IV (M)
CIMZIA
COSENTYX
DUPIXENT
ENBREL
ENTYVIO (M)
FIRDAPSE*
HUMIRA
ILARIS*
ILUMYA (M)
KEVZARA
KINERET*
OLUMIANT*
ORENCIA
ORENCIA IV (M)
OTEZLA
REMICADE (M)
RENFLEXIS (M)
RINVOQ
RUZURGI*
SILIQ
SIMPONI
SIMPONI ARIA (M)
SKYRIZI
STELARA
TALTZ
TREMIFYA
XELJANZ
XELJANZ XR

Blood Modifiers

ARANESP
BERINERT*
CABLIVI*

CINRYZE*
DOPELET*
EPOGEN
FIRAZYR
FULPHILA
GIVLAARI (M)
GRANIX
HAEGARDA
icatibant acetate
KALBITOR* (M)
LEUKINE
MOZOBIL (M)
MULPLETA
NEULASTA
NEULASTA ONPRO (M)
NEUMEGA
NEUPOGEN
NIVESTYN
NPLATE (M)
PROCRIT
PROMACTA
REBLOZYL
RETACRIT (M)
RUCONEST
UDENYCA
ZARXIO
ZIEXTENZO

Botulinum Toxins

BOTOX (M)
DYSPORT (M)
MYOBLOC (M)
XEOMIN (M)

Cancer – Injectable

ADCETRIS (M)
ADRIAMYCIN (M)
ALIMTA (M)
ALIQOPA (M)
ARRANON (M)
ARSENIC TRIOXIDE (M)
ARZERRA* (M)
AVASTIN (M)
AZACITIDINE (M)
BAVENCIO (M)
BELEODAQ (M)
BELRAPZO (M)
BENDEKA (M)
BENDAMUSTINE HYDRO-
CHLORIDE (M)
BESPONSA (M)
BICNU (M)

BLENREP (M)
BLINCYTO* (M)
bortezomib (M)
CAMPATH (M)
CARMUSTINE (M)
CLADRIBINE (M)
clofarabine
CLOLAR
COSMEGEN (M)
CYRAMZA (M)
DACOGEN (M)
DACTINOMYCIN (M)
DARZALEX (M)
DARZALEX FASPRO (M)
DAUNORUBICIN (M)
DECITABINE (M)
DOCETAXEL (M)
DOXIL (M)
DOXORUBICIN (M)
doxorubicin hcl (M)
DOXORUBICIN LIPOSOMAL
(M)
ELITEK (M)
ELZONRIS (M)
EMPLICITI (M)
ENHERTU* (M)
ERBITUX (M)
ERWINAZE (M)
FASLODEX (M)
FIRMAGON (M)
FOLOTYN (M)
fulvestrant (M)
GAVRETO
GAZYVA (M)
gemcitabine (M)
GEMZAR (M)
GLIADEL WAFER(M)
HALAVEN (M)
HERCEPTIN (M)
HERCEPTIN HYLECTA (M)
HERZUMA (M)
IMFINZI (M)
IMLYGIC (M)
ISTODAX (M)
IXEMPRA (M)
JEVTANA (M)
KADCYLA (M)
KANJINTI (M)
KEYTRUDA (M)
KYMRIAH (M)
KYPROLIS (M)
LARTRUVO (M)
LIBTAYO* (M)



Effective 1/1/2021

Regence BlueCross BlueShield of Utah
is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Utah
2890 E Cottonwood Parkway | Salt Lake City, UT 84121

© 2021 Regence BlueCross BlueShield of Utah

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)。

Specialty pharmacy program medication list

Key

* Prime Limited Distribution Network

(M) Medical

Products flagged as limited distribution may not be available through AllianceRx Walgreens Prime Pharmacy

Brand-name products are capitalized (e.g. FLOLAN)

Generic products are in lowercase (e.g. epoprostenol sodium)

LIPODOX (M)
LUMOXITI (M)
MARQIBO (M)
MITOMYCIN (M)
MONJUVI (M)
MVASI (M)
NIPENT (M)
OGIVRI (M)
ONIVYDE (M)
ONTRUZANT(M)
ONUREG
OPDIVO (M)
PADCEV (M)
PERJETA* (M)
PHESGO (M)
PHOTOFRIN (M)
POLIVY (M)
PORTRAZZA (M)
POTELIGEO
PROLEUKIN (M)
PROVENGE (M)
RITUXAN (M)
RITUXAN HYCLEA (M)
ROMIDEPSIN (M)
RUXIENCE (M)
SARCLISSA* (M)
SYLATRON
SYNRIBO*
TAXOTERE (M)
TECARTUS (M)
TECENTRIQ* (M)
TEMSIROLIMUS (M)
TENIPOSIDE (M)
TICE BCG (M)
TORISEL (M)
TRAZIMERA (M)
TREANDA (M)
TRELSTAR (M)
TRISENOX (M)
TRODELVY (M)
TRUXIMA (M)
UNITUXIN (M)
VALRUBICIN (M)
VALSTAR (M)
VANTAS (M)
VECTIBIX (M)
VELCADE (M)
VIDAZA (M)
VYXEOS (M)
XGEVA (M)
YERVOY (M)
YESCARTA (M)
YONDELIS (M)

ZALTRAP (M)
ZANOSAR (M)
ZEPZELCA (M)
ZIRABEV (M)
ZOLADEX (M)

Cancer - Oral

abiraterone acetate
ADAKVEO (M)
AFINITOR / DISPERZ
ALECENSA*
ALKERAN
ALUNBRIG*
AROMASIN
AYVAKI T*
BALVERSA*
bexarotene
BOSULIF
BRAFTOVI*
BRUKINSA
CABOMETYX*
capecitabine
CAPRELSA*
CASODEX
COMETRIQ*
COTELLIC
cy clophosphamide
DAURISMO
EMCYT
ERIVEDGE*
ERLEADA*
erlotinib hydrochloride
ETOPOSIDE
ev erolimus
FARYDAK*
GILOTRIF*
GLEEVEC
GLEOSTINE
HEXALEN
HYCAMTIN
IBRANCE
IDHIFA
ICLUSIG*
imatinib mesylate
IMBRUVICA*
INLYTA
INQOVI
INREBIC
IRESSA*
JAKAFI*
JELMYTO (M)
KISQALI

KISQALI FEMARA
KOSELUGO*
lapatinib ditosylate
LENVIMA*
LEUKERAN
LORBRENA
LONSURF*
LYNPARZA*
LYSODREN*
MATULANE*
MEKINIST
MEKTOVI*
melphalan
MESNEX
MYLERAN
NERLYNX*
NEXAVAR
NILANDRON
nilutamide
NINLARO*
NUBEQA
ODOMZO
OLUMIANT
OXBRYTA
PEMAZYRE*
PIQRAY
POMALYST*
PURIXAN*
QINLOCK*
RETEVMO
REVLIMID*
ROZLYTREK
RUBRACA*
RYDAPT
SPRYCEL
STIVARGA
SUTENT
TABLOID
TABRECTA
TAFINLAR
TAGRISSO*
TALZENNA
TARCEVA
TARGRETIN
TASIGNA
TAZVERIK*
TEMODAR
temozolomide
THALOMID
TIBSOVO*
Tretinoin
TUKYSA*
TURALIO*



Effective 1/1/2021

Regence BlueCross BlueShield of Utah
is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Utah
2890 E Cottonwood Parkway | Salt Lake City, UT 84121

© 2021 Regence BlueCross BlueShield of Utah

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)。

Specialty pharmacy program medication list

Key

* Prime Limited Distribution Network

(M) Medical

Products flagged as limited distribution may not be available through AllianceRx Walgreens Prime Pharmacy

Brand-name products are capitalized (e.g. FLOLAN)

Generic products are in lowercase (e.g. epoprostenol sodium)

ZELBORAF
ZOLINZA
ZYDELIG*
ZYKADIA*
ZYTIGA

Cardiovascular Agents

DEMSEER
JUXTAPID*
KYNAMRO*
metyrosine
NORTHERA*

Central Nervous System

ARISTADA (M)
NUPLAZID*
RILUTEK

Cystic Fibrosis

BETHKIS
CAYSTON*
KALYDECO*
KITABIS PAK
ORKAMBI*
PULMOZYME
SYMDEKO*
TOBI
tobramycin inhalation
solution pak
TRIKAFTA

Dermatological Agents

diclofenac sodium
EFUDEX
methoxsalen
OXSORALEN /ULTRA
PANRETIN
SOLARAZE

Dyskinesia/Movement Disorders

APOKYN*
AUSTEDO*
GABLOFEN (M)
INGREZZA*
LIORESAL INTRATHECAL*
(M)
XENAZINE*

Endocrine

BYNFEZIA PEN
ISTURISA
MYCAPASSA

Enzyme

Deficiencies

ALDURAZYME (M)
BRINEURA (M)
BUPHENYL
CARBAGLU*
CERDELGA
ELAPRASE (M)
ELELYSO* (M)
EXONDYS 51* (M)
FABRAZYME (M)
GALAFOLD
KANUMA* (M)
KUJAN*
LUMIZYME (M)
MAYZENT
MYALEPT*
MYOZYME
NAGLAZYME* (M)
NITYR*
ORFADIN*
PALYNZIQ*
RAVICTI*
REVCOVI (M)
sapropterin dihydrochloride
sodium phenylbutyrate
SOLIRIS (M)
STRENSIQ*
SUCRAID*
SYLVANT (M)
tetrabenazine
VERZENIO
VILTEPSO (M)
VIMIZIM* (M)
VPRIV (M)
VYONDYS 53* (M)
ZAVESCA*

Fertility & Pregnancy

GONALF/ RFF
hydroxyprogesterone caproate
MAKENA

Growth Hormones

GENOTROPIN
HUMATROPE

INCRELEX*
NORDITROPIN
NUTROPIN/ AQ
OMNITROPE
SAIZEN
SEROSTIM
TEVTROPIN
ZOMACTON
ZORBIVTE

Hemophilia

ADVATE
ADYNOVATE
AFSTYLA)
ALPHANATE
ALPHANINE SD
ALPROLIX
BEBULIN
BENEFIX
COAGEDEX*
CORIFACT* (M)
ELOCTATE
ESPEROC T
FEIBA/ NF
HELIXATE FS
HEMLIBRA
HEMOFIL M
HUMATEP
IDELVION
IXINITY
JIVI
KOATE-DVI
KOGENATE FS
KOVALTRY
MONOCLATEP
MONONINE
NOVOEIGHT
NOVOSEVEN/ RT
NUWIQ
OBIZUR
PROFILNINE SD
REBINYN
RECOMBINATE
RIXUBIS
SEVENFACT
TRETEN* (M)
VONVENDI
WILATE
XYNTHA

Hepatitis B

adefovir dipiv



Regence BlueCross BlueShield of Utah
is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Utah
2890 E Cottonwood Parkway | Salt Lake City, UT 84121

© 2021 Regence BlueCross BlueShield of Utah

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)。

Effective 1/1/2021

Specialty pharmacy program medication list

Key

* Prime Limited Distribution Network

(M) Medical

Products flagged as limited distribution may not be available through AllianceRx Walgreens Prime Pharmacy

Brand-name products are capitalized (e.g. FLOLAN)

Generic products are in lowercase (e.g. epoprostenol sodium)

BARACLUDE
EPIVIR HBV
HEPSERA
VEMLIDY

Hepatitis C

COPEGUS
DAKLINZA
EPCLUSA
HARVONI
INCIVEK
INTRON-A
LEDIPASVIR
/SOFOSBUVIR
MAVYRET
MODERIBA
OLYSIO
PEGASYS
PEG-INTRON
REBETOL
RIBASPHERE
RIBATAB
ribavirin
SOFOSBUVIR
/VELPATASVIR
SOVALDI
TECHNIVIE
VICTRELIS
VIEKIRA
VIEKIRA XR
VOSEVI
ZEPATIER

Hormonal Agents

OCTREOTIDE
SANDOSTATIN
SANDOSTATIN LAR DEPOT
(M)
SIGNIFOR*
SIGNIFOR LAR* (M)
SOMATULINE DEPOT (M)
SOMAVERT*
SUPPRELIN-LA
SYNAREL

Immune Globulins

ASCENIV (M)
BIVIGAM (M)
CUTAQUIG
CUVITRU (M)
FLEBOGAMMA (M)
GAMMAGARD/ S/D (M)

GAMMAKED (M)
GAMMAPLEX (M)
GAMUNEX-C (M)
HIZENTRA (M)
HYQVIA* (M)
OCTAGAM (M)
PANZYGA (M)
PRIVIGEN (M)
XEMBIFY* (M)

Lung Disorders

ACTIMMUNE*
ARALAST NP (M)
CINQAIR* (M)
ESBRIET
FASENRA
GLASSIA (M)
NUCALA (M)
OFEV*
PROLASTIN/ C* (M)
SYNAGIS (M)
XOLAIR (M)
YUPELRI
ZEMAIRA* (M)

Macular Degeneration

BEOUV (M)
EYLEA* (M)
LUCENTIS* (M)
MACUGEN* (M)
VISUDYNE* (M)

Migraine

VYEPTI (M)

Multiple Sclerosis

AMPYRA
AUBAGIO
AVONEX
BAFIERTAM
BETASERON
COPAXONE
COPIKTRA*
dalfampridine
dimethyl fumarate
EXTAVIA
GILENYA
glatiramer acetate
glatopa
KESIMPTA
LEMTRADA (M)
MAVENCLAD

OCREVUS (M)
PLEGRIDY
REBIF
TECFIDERA
TYSABRI* (M)
VUMERITY
ZEPOSIA

Ophthalmic

CYSTADROPS*
ILUVIEN (M)
LUXTURNA (M)

Osteoporosis/Bone Disorders

FORTEO
PROLIA (M)
RECLAST (M)
TERIPARATIDE
TYMLOS
ZOLEDRONIC ACID (M)
ZOMETA (M)

Pulmonary Hypertension

ADCIRCA
ADEMPAS*
alyq
ambrisentan
bosentan
epoprostenol sodium* (M)
FLOLAN* (M)
LETAIRIS*
OPSUMIT
ORENITRAM*
REMODULIN* (M)
REVATIO
REVATIO IV (M)
sildenafil (M)
tadalafil
TRACLEER*
treprostinil sodium
TYVASO*
UPTRAVI*
VELETRI* (M)
VENTAVIS*

RSV

VIRAZOLE



Regence BlueCross BlueShield of Utah
is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Utah
2890 E Cottonwood Parkway | Salt Lake City, UT 84121

© 2021 Regence BlueCross BlueShield of Utah

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)。

Effective 1/1/2021

Specialty pharmacy program medication list

Key

* Prime Limited Distribution Network

(M) Medical

Products flagged as limited distribution may not be available through AllianceRx Walgreens Prime Pharmacy

Brand-name products are capitalized (e.g. FLOLAN)

Generic products are in lowercase (e.g. epoprostenol sodium)

Visco Supplements

EUFLEXXA (M)
GELONE (M)
ORTHOVISC (M)
HYALGAN (M)
SUPARTZ/ FX (M)
SYNVISC (M)
SYNVISC ONE (M)
TRILURON (M)

Others

ABILIFY MAINTENA (M)
ABRAXANE (M)
ADAGEN (M)
ANDEXXA (M)
ARIKAYCE*
BCG VACCINE (M)
CHENODAL*
CHOLBAM*
CUPRIMINE
CRYSVITA (M)
CYSTAGON*
CYSTARAN*
DARAPRIM*
deferasirox
deferiprone
DEPEN TITRATABS
D-PENAMINE
DOJOLVI*
EGRIFTA
EMFLAZA* (M)
ENSPRYNG
EVENITY
EVRYSDI*
EXJADE
FENSOLVI* (M)
FERRIPROX*
FOSRENOL
GAMIFANT* (M)
GATTEX*
H.P. ACTHAR* (M)
HETLIOZ
INBRIJA
INVEGA SUSTENNA (M)
INVEGA TRINZA (M)
JADENU
JETREA* (M)
JYNARQUE
KEVEYIS*
KORLYM*
KRYSTEXXA* (M)
KYNMOBI

lanthanum carbonate
NATPARA*
NOURIANZ
OCALIVA*
ONPATTRO* (M)
ORIAHNN
ORLISSA
OXERVATE*
PALFORZIA
penicillamine
PERSERIS (M)
PROCYSBI*
RIDAURA
RISPERDAL CONST (M)
SAMSCA*
SCENESSE (M)
SOLESTA* (M)
SPRAVATO (M)
SYPRINE
TAKHZYRO*
TAVALISSE
TEGSEDI*
TEPEZZA* (M)
THIOLA*
THYROGEN (M)
TIGLUTIK*
TRIVISC (M)
TROGARZO* (M)
ULTOMIRIS (M)
UPLINZA* (M)
VECAMYL*
VISTOGARD*
VIVITROL (M)
VYLEESI*
VYNDAMAX
VYNDAQEL
WAKIX
XERMELO*
XIAFLEX* (M)
XURIDEN*
XYREM*
XYWAV
ZOLGENSMA (M)



Effective 1/1/2021

Regence BlueCross BlueShield of Utah
is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Utah
2890 E Cottonwood Parkway | Salt Lake City, UT 84121

© 2021 Regence BlueCross BlueShield of Utah

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)。