



Blue Cross and Blue Shield of Illinois

Specialty Drug List

Definition of Specialty Drugs

Specialty medications are generally prescribed for people with complex or ongoing medical conditions such as multiple sclerosis, hemophilia, hepatitis, and rheumatoid arthritis. They typically have one or more of the following characteristics:

- High cost
- Injected or infused, but some may be taken by mouth
- Unique storage or shipment requirements
- Additional education and support required from a health care professional
- Usually not stocked at retail pharmacies

This list is subject to change without notice.

AUTOIMMUNE INFLAMMATORY DISORDERS

AMEVIVE**
ARCALYST
CIMZIA**
ENBREL
HUMIRA
KINERET
ORENCIA **
RAPTIVA
REMICADE **

BLOOD MODIFIERS

ARANESP
EPOGEN
LEUKINE**
NEULASTA
NEUMEGA
NEUPOGEN
NPLATE**
PROCRIT

CANCER – ORAL

GLEEVEC
HEXALEN
HYCAMTIN
LYSODREN
MATULANE
NEXAVAR
REVLIMID
SPRYCEL
SUTENT
TARCEVA
TARGRETIN
TASIGNA
TEMODAR
THALOMID
TYKERB
VESANOID
XELODA
ZOLINZA

CYSTIC FIBROSIS

PULMOZYME
TOBI

ENZYME DEFICIENCIES

ALDURAZYME**
CEREZYME **
ELAPRASE **
FABRAZYME **
KUVAN
MYOZYME **
NAGLAZYME **
ORFADIN*
ZAVESCA**

GROWTH HORMONES

GENOTROPIN
HUMATROPE
INCRELEX
NORDITROPIN
NUTROPIN
NUTROPIN AQ
NUTROPIN DEPOT**
OMNITROPE
SAIZEN
SEROSTIM
TEV-TROPIN
ZORBIVTE

HEMOPHILIA

ADVATE
ALPHANATE
ALPHANINE
BEBULIN VH
BENEFIX
FEIBA VH
GENARC
HELIXATE FS
HEMIFIL M HUMAN
HUMATE-P
KOATE-DVI
KOGENATE FS
MONARC-M
MONOCLATE-P
MONONINE
NOVOSEVEN RT
PROFILNINE
PROPLEX T
RECOMBINATE
REFACTO
XYNTHA

HEPATITIS C

COPEGUS
INFERGEN
INTRON A
PEGASYS
PEG-INTRON
REBETOL
RIBASPHERE
RIBAVIRIN
ROFERON-A

HIV & IMMUNOSUPPRESSANTS

FUZEON

INFERTILITY

BRAVELLE
CETROTIDE
CHORIONIC GONADOTROPIN
FOLLISTIM

GANIRELIX ACETATE
GONAL-F
LUVERIS
MENOPUR
NOVAREL
OVIDREL
PREGNYL
PROFASI HP
REPRONEX

LUNG DISORDERS

ACTIMMUNE
SYNAGIS**
XOLAIR**

MULTIPLE SCLEROSIS

AVONEX
BETASERON
COPAXONE
REBIF
TYSABRI **

OTHERS

ALFERON N **
APOKYN
ELIGARD
EXJADE
FORTEO
LEUPROLIDE ACETATE
LUCENTIS **
LUPRON
LUPRON DEPOT **
MACUGEN **
OCTREOTIDE
SANDOSTATIN
SANDOSTATIN LAR**
SOLIRIS **
SOMATULINE DEPOT**
SOMAVERT*
THROMBATE III**
VISUDYNE **
VIVITROL **
XYREM*

PULMONARY HYPERTENSION

EPOPROSTENOL
FLOLAN **
LETAIRIS
REMODULIN **
REVATIO
TRACLEER
VENTAVIS

* Subject to exclusive distribution channels

** Pharmacy benefit exclusion; may be covered through medical benefit

*** Pharmacy benefit exclusion; may be covered through medical benefit with exclusive distribution channels