BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Pharmacy Benefit Coverage

The Specialty and Complex Care Drug List is a list of prescription drugs that can be covered under the pharmacy benefit. Based on the drug and benefit plan, members may need to use a specialty pharmacy or other in-network pharmacy to fill the prescription.

Specialty and complex care drugs are often prescribed to treat complex, chronic or rare conditions. These drugs have special handling and/or storage needs. Some specialty and complex care drugs are indicated with an "SP". Coverage for these specialty and complex care drugs that are FDA approved for self-administration, are often provided through your *pharmacy* benefit plan. Prescription drugs that are FDA approved for administration by a health care provider are often covered under your *medical* plan. Some drugs may be covered by either the pharmacy or medical benefit. The Specialty and Complex Care Drug List is not all inclusive and is subject to change. This list may include drugs that do not have limited or exclusive access. The listing of the drug on this list does not guarantee coverage. If you have any questions, call the number on your member ID card.

Please note: You may need approval before these drugs can be considered for coverage. Your doctor can find request forms at bcbsil.com/provider. Your doctor can also call the number on your ID card with any questions about your benefits. Based on the terms of your benefit plan, you may need to fill these prescriptions at a select in-network specialty pharmacy to get the most out of your benefits.. Call the number on your member ID card to help locate an in-network pharmacy near you.

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
ABIRATERONE	CANCER-ORAL		OR
ABIRATERONE ACETATE	CANCER-ORAL		OR
ABIRTEGA	CANCER-ORAL		OR
ABRILADA	AUTOIMMUNE		SC
ABRILADA 1 PEN	AUTOIMMUNE		SC
ABRILADA 2 PEN	AUTOIMMUNE		SC
ACTEMRA	AUTOIMMUNE		SC
ACTEMRA ACTPEN	AUTOIMMUNE		SC
ACTHAR	ENDOCRINE		IJ
ACTHAR	ENDOCRINE		SC
ACTIMMUNE	LUNG DISORDERS	SP	SC
ADALIMUMAB-AACF	AUTOIMMUNE		SC
ADALIMUMAB-AATY	AUTOIMMUNE		SC
ADALIMUMAB-ADAZ	AUTOIMMUNE		SC
ADALIMUMAB-ADBM	AUTOIMMUNE		SC
ADALIMUMAB-BWWD	AUTOIMMUNE		SC
ADALIMUMAB-FKJP	AUTOIMMUNE		SC
ADALIMUMAB-RYVK	AUTOIMMUNE		SC
ADBRY	AUTOIMMUNE		SC
ADCIRCA	PULMONARY HYPERTENSION		OR
ADEMPAS	PULMONARY HYPERTENSION	SP	OR
ADVATE	HEMOPHILIA		IV
ADYNOVATE	HEMOPHILIA		IV
AFINITOR	CANCER-ORAL		OR
AFINITOR DISPERZ	CANCER-ORAL		OR
AFSTYLA	HEMOPHILIA		IV
AGAMREE	CORTICOSTEROIDS	SP	OR
AKEEGA	CANCER-ORAL	SP	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
ALECENSA	CANCER-ORAL		OR
ALHEMO	HEMOPHILIA		SC
ALKINDI SPRINKLE	CORTICOSTEROIDS	SP	OR
ALPHANATE	HEMOPHILIA		IV
ALPHANINE SD	HEMOPHILIA		IV
ALPROLIX	HEMOPHILIA		IV
ALTUVIIIO	HEMOPHILIA		IV
ALUNBRIG	CANCER-ORAL	SP	OR
ALVAIZ	BLOOD MODIFIERS		OR
ALYFTREK	CYSTIC FIBROSIS		OR
ALYQ	PULMONARY HYPERTENSION		OR
AMBRISENTAN	PULMONARY HYPERTENSION		OR
AMJEVITA	AUTOIMMUNE		SC
AMPYRA	MULTIPLE SCLEROSIS		OR
ANDEMBRY	HEMATOLOGICAL	SP	SC
APOKYN	PARKINSON	SP	SC
APOMORPHINE	PARKINSON		SC
AQNEURSA	OTHER NON-CATEGORIZED	SP	OR
AQVESME	HEMATOLOGICAL	SP	OR
ARANESP ALBUMIN FREE	BLOOD MODIFIERS		IJ
ARCALYST	AUTOIMMUNE	SP	SC
ARIKAYCE	OTHER NON-CATEGORIZED	SP	IN
ARMLUPEG	BLOOD MODIFIERS		SC
ATTRUBY	OTHER NON-CATEGORIZED	SP	OR
AUBAGIO	MULTIPLE SCLEROSIS		OR
AUGTYRO	CANCER-ORAL	SP	OR
AUSTEDO	OTHER NON-CATEGORIZED		OR
AUSTEDO XR	OTHER NON-CATEGORIZED		OR
AVMAPKI	CANCER-ORAL	SP	OR
AVONEX PEN	MULTIPLE SCLEROSIS		IM
AVONEX PREFILL	MULTIPLE SCLEROSIS		IM
AVTOZMA	AUTOIMMUNE		SC
AYVAKIT	CANCER-ORAL	SP	OR
BAFIERTAM	MULTIPLE SCLEROSIS		OR
BALVERSA	CANCER-ORAL	SP	OR
BENEFIX	HEMOPHILIA		IV

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
BENLYSTA	AUTOIMMUNE		SC
BERINERT	HEMATOLOGICAL		IV
BESREMI	CANCER	SP	SC
BETAINE ANHYDROUS	ENZYME DEFICIENCIES		OR
BETASERON	MULTIPLE SCLEROSIS		SC
BETHKIS	CYSTIC FIBROSIS		IN
BEXAROTENE	CANCER-ORAL		EX
BEXAROTENE	CANCER-ORAL		OR
BIMZELX	AUTOIMMUNE		SC
BONSITY	BONE DENSITY		SC
BOSENTAN	PULMONARY HYPERTENSION		OR
BOSULIF	CANCER-ORAL		OR
BOSUTINIB	CANCER-ORAL		OR
BRAFTOVI	CANCER-ORAL		OR
BRINSUPRI	OTHER NON-CATEGORIZED	SP	OR
BRONCHITOL	CYSTIC FIBROSIS		IN
BRONCHITOL TOLERANCE TEST	CYSTIC FIBROSIS		IN
BRUKINSA	CANCER-ORAL	SP	OR
BUPHENYL	ENZYME DEFICIENCIES		OR
BYLVAY	OTHER NON-CATEGORIZED	SP	OR
BYNFEZIA	ENDOCRINE		SC
CABLIVI	BLOOD MODIFIERS	SP	IJ
CABOMETYX	CANCER-ORAL		OR
CALQUENCE	CANCER-ORAL	SP	OR
CAMZYOS	OTHER NON-CATEGORIZED	SP	OR
CAPECITABINE	CANCER-ORAL		OR
CAPRELSA	CANCER-ORAL	SP	OR
CARBAGLU	ENZYME DEFICIENCIES	SP	OR
CARGLUMIC	ENZYME DEFICIENCIES	SP	OR
CASODEX	CANCER-ORAL		OR
CAVHANZA	CANCER-ORAL		OR
CAYSTON	CYSTIC FIBROSIS		IN
CERDELGA	ENZYME DEFICIENCIES		OR
CETRORELIX	FERTILITY & PREGNANCY		SC
CETROTIDE	FERTILITY & PREGNANCY		SC
CHENODAL	GASTROINTESTINAL	SP	OR
CHOLBAM	GASTROINTESTINAL	SP	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
CHORIONIC GONADOTROPIN	FERTILITY & PREGNANCY		IM
CIBINQO	AUTOIMMUNE		OR
CIMZIA	AUTOIMMUNE		SC
CIMZIA 1-SYR	AUTOIMMUNE		SC
CIMZIA STARTER KIT	AUTOIMMUNE		SC
CINRYZE	HEMATOLOGICAL	SP	IV
CLADRIBINE	CANCER		IV
CLADRIBINE	MULTIPLE SCLEROSIS		OR
COAGADEX	HEMOPHILIA		IV
COMETRIQ	CANCER-ORAL	SP	OR
COPAXONE	MULTIPLE SCLEROSIS		SC
COPIKTRA	CANCER-ORAL	SP	OR
CORIFACT	HEMOPHILIA		IV
CORTROPHIN	ENDOCRINE		IJ
CORTROPHIN	ENDOCRINE		SC
COSENTYX	AUTOIMMUNE		SC
COSENTYX SENSOREADY PEN	AUTOIMMUNE		SC
COSENTYX UNOREADY	AUTOIMMUNE		SC
COTELLIC	CANCER-ORAL		OR
CRENESSITY	ENDOCRINE	SP	OR
CTEXLI	GASTROINTESTINAL	SP	OR
CUPRIMINE	OTHER NON-CATEGORIZED		OR
CUVRIOR	OTHER NON-CATEGORIZED	SP	OR
CYLTEZO	AUTOIMMUNE		SC
CYSTADANE	ENZYME DEFICIENCIES	SP	OR
CYSTADROPS	OPHTHALMIC	SP	OP
CYSTAGON	OTHER NON-CATEGORIZED	SP	OR
CYSTARAN	OPHTHALMIC	SP	OP
DALFAMPRIDINE ER	MULTIPLE SCLEROSIS		OR
DANZITEN	CANCER-ORAL		OR
DASATINIB	CANCER-ORAL		OR
DAURISMO	CANCER-ORAL		OR
DAWNZERA	HEMATOLOGICAL	SP	SC
DAYBUE	OTHER NON-CATEGORIZED	SP	OR
DAYBUE STIX	OTHER NON-CATEGORIZED	SP	OR
DEFERASIROX	OTHER NON-CATEGORIZED		OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
DEFERIPRONE	OTHER NON-CATEGORIZED		OR
DEFLAZACORT	CORTICOSTEROIDS		OR
DEFLAZACORT	CORTICOSTEROIDS	SP	OR
DEPEN TITRATABS	OTHER NON-CATEGORIZED		OR
DIMETHYL FUMARATE	MULTIPLE SCLEROSIS		OR
DIMETHYL FUMARATE STARTERPACK	MULTIPLE SCLEROSIS		OR
DOJOLVI	VITAMINS & SUPPLEMENTS	SP	OR
DOPTELET	BLOOD MODIFIERS	SP	OR
DOPTELET SPRINKLE	BLOOD MODIFIERS	SP	OR
DUPIXENT	AUTOIMMUNE		SC
DUVYZAT	OTHER NON-CATEGORIZED	SP	OR
EBGLYSS	AUTOIMMUNE		SC
EGRIFTA SV	HIV		SC
EGRIFTA WR	HIV		SC
EKTERLY	HEMATOLOGICAL	SP	OR
ELIGARD	CANCER		SC
ELOCTATE	HEMOPHILIA		IV
ELTROMBOPAG	BLOOD MODIFIERS		OR
EMCYT	CANCER-ORAL		OR
EMFLAZA	CORTICOSTEROIDS	SP	OR
EMPAVELI	HEMATOLOGICAL	SP	SC
ENBREL	AUTOIMMUNE		SC
ENBREL MINI	AUTOIMMUNE		SC
ENBREL SURECLICK	AUTOIMMUNE		SC
ENDARI	BLOOD MODIFIERS		OR
ENSACOVE	CANCER-ORAL	SP	OR
ENSPRYNG	IMMUNOSUPPRESSANTS		SC
ENTYVIO	AUTOIMMUNE		SC
EPCLUSA	HEPATITIS C		OR
EPOGEN	BLOOD MODIFIERS		IJ
ERIVEDGE	CANCER-ORAL		OR
ERLEADA	CANCER-ORAL		OR
ERLOTINIB	CANCER-ORAL		OR
ESBRIET	LUNG DISORDERS		OR
ESPEROCT	HEMOPHILIA		IV
ETOPOSIDE	CANCER-ORAL		OR
EULEXIN	CANCER-ORAL		OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
EVEROLIMUS	CANCER-ORAL		OR
EVRYSDI	OTHER NON-CATEGORIZED	SP	OR
EXJADE	OTHER NON-CATEGORIZED		OR
FABHALTA	HEMATOLOGICAL	SP	OR
FARESTON	CANCER-ORAL		OR
FASENRA PEN	LUNG DISORDERS		SC
FEIBA	HEMOPHILIA		IV
FERRIPROX	OTHER NON-CATEGORIZED	SP	OR
FERRIPROX TWICE-A-DAY	OTHER NON-CATEGORIZED	SP	OR
FESILTY	HEMOPHILIA		IV
FIBRYGA	HEMOPHILIA		IV
FILKRI	BLOOD MODIFIERS		IJ
FILSPARI	OTHER NON-CATEGORIZED	SP	OR
FILSUVEZ	DERMATOLOGICS	SP	EX
FINGOLIMOD	MULTIPLE SCLEROSIS		OR
FIRAZYR	HEMATOLOGICAL		SC
FIRDAPSE	AUTOIMMUNE	SP	OR
FOLLISTIM AQ	FERTILITY & PREGNANCY		SC
FORTEO	BONE DENSITY		SC
FORZINITY	OTHER NON-CATEGORIZED	SP	SC
FOTIVDA	CANCER-ORAL	SP	OR
FRUZAQLA	CANCER-ORAL	SP	OR
FULPHILA	BLOOD MODIFIERS		SC
FUROSCIX	OTHER NON-CATEGORIZED	SP	SC
FYLNETRA	BLOOD MODIFIERS		SC
FYREMADEL	FERTILITY & PREGNANCY		SC
GALAFOLD	ENZYME DEFICIENCIES	SP	OR
GANIRELIX ACETATE	FERTILITY & PREGNANCY		SC
GATTEX	GASTROINTESTINAL	SP	SC
GAVRETO	CANCER-ORAL	SP	OR
GEFITINIB	CANCER-ORAL		OR
GENOTROPIN	GROWTH HORMONES		SC
GENOTROPIN MINIQUICK	GROWTH HORMONES		SC
GILENYA	MULTIPLE SCLEROSIS		OR
GILOTRIF	CANCER-ORAL	SP	OR
GLASSIA	LUNG DISORDERS		IV

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
GLATIRAMER	MULTIPLE SCLEROSIS		SC
GLATOPA	MULTIPLE SCLEROSIS		SC
GLEEVEC	CANCER-ORAL		OR
GLEOSTINE	CANCER-ORAL		OR
GLYCEROL PHE	ENZYME DEFICIENCIES		OR
GOCOVRI	PARKINSON	SP	OR
GOMEKLI	CANCER-ORAL	SP	OR
GONAL-F	FERTILITY & PREGNANCY		IJ
GONAL-F RFF	FERTILITY & PREGNANCY		SC
GRANIX	BLOOD MODIFIERS		SC
HADLIMA	AUTOIMMUNE		SC
HADLIMA PUSHTOUCH	AUTOIMMUNE		SC
HAEGARDA	HEMATOLOGICAL		SC
HARLIKU	ENZYME DEFICIENCIES	SP	OR
HARVONI	HEPATITIS C		OR
HEMLIBRA	HEMOPHILIA		SC
HEMOFIL M	HEMOPHILIA		IV
HEPCLUDEX	HEPATITIS C	SP	SC
HERNEXEOS	CANCER-ORAL	SP	OR
HETLIOZ	SLEEP DISORDERS		OR
HETLIOZ LQ	SLEEP DISORDERS		OR
HULIO	AUTOIMMUNE		SC
HUMATE-P	HEMOPHILIA		IV
HUMATROPE	GROWTH HORMONES		IJ
HUMIRA	AUTOIMMUNE		SC
HUMIRA PEN	AUTOIMMUNE		SC
HUMIRA PEN-CD/UC/HS STARTER	AUTOIMMUNE		SC
HUMIRA PEN-PS/UV STARTER	AUTOIMMUNE		SC
HYCAMTIN	CANCER-ORAL		OR
HYMPAVZI	HEMOPHILIA		SC
HYRIMOZ	AUTOIMMUNE		SC
HYRIMOZ-PEDITATRIC CROHNS	AUTOIMMUNE		SC
HYRIMOZ-PLAQUE PSORIASIS	AUTOIMMUNE		SC
HYRIMOZ-SENSOREADY PENS	AUTOIMMUNE		SC
HYRIMOZ-SENSOREADY STARTER PACK	AUTOIMMUNE		SC
HYRNUO	CANCER-ORAL	SP	OR
IBRANCE	CANCER-ORAL		OR
IBTROZI	CANCER-ORAL	SP	OR
ICATIBANT	HEMATOLOGICAL		SC

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
ICLUSIG	CANCER-ORAL	SP	OR
ICOTYDE	AUTOIMMUNE		OR
IDACIO	AUTOIMMUNE		SC
IDACIO CROHNS	AUTOIMMUNE		SC
IDACIO PLAQUE PSORIASIS	AUTOIMMUNE		SC
IDELVION	HEMOPHILIA		IV
IDHIFA	CANCER-ORAL		OR
ILUMYA	AUTOIMMUNE		SC
IMATINIB MESYLATE	CANCER-ORAL		OR
IMBRUVICA	CANCER-ORAL	SP	OR
IMCIVREE	ENZYME DEFICIENCIES	SP	SC
IMKELDI	CANCER-ORAL	SP	OR
IMULDOSA	AUTOIMMUNE		SC
INBRIJA	PARKINSON	SP	IN
INCRELEX	GROWTH HORMONES	SP	SC
INGREZZA	OTHER NON-CATEGORIZED		OR
INLURIYO	CANCER-ORAL		OR
INLURIYO	CANCER-ORAL	SP	OR
INLYTA	CANCER-ORAL		OR
INQOVI	CANCER-ORAL		OR
INREBIC	CANCER-ORAL		OR
IQIRVO	GASTROINTESTINAL		OR
IRESSA	CANCER-ORAL		OR
ISTURISA	ENDOCRINE	SP	OR
ITOVEBI	CANCER-ORAL		OR
IWILFIN	CANCER-ORAL	SP	OR
IXINITY	HEMOPHILIA		IV
JADENU	OTHER NON-CATEGORIZED		OR
JADENU SPRINKLE	OTHER NON-CATEGORIZED		OR
JAKAFI	CANCER-ORAL		OR
JAKAFI XR	CANCER-ORAL		OR
JASCAYD	LUNG DISORDERS		OR
JAVYGTOR	ENZYME DEFICIENCIES	SP	OR
JAYPIRCA	CANCER-ORAL		OR
JAYTHARI	CORTICOSTEROIDS	SP	OR
JIDEYTRO	CANCER-ORAL	SP	OR
JIVI	HEMOPHILIA		IV

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
JOENJA	OTHER NON-CATEGORIZED	SP	OR
JUXTAPID	ANTIHYPERLIPIDEMIC	SP	OR
JYNARQUE	ENDOCRINE	SP	OR
KALYDECO	CYSTIC FIBROSIS		OR
KESIMPTA	MULTIPLE SCLEROSIS		SC
KEVZARA	AUTOIMMUNE		SC
KHINDIVI	CORTICOSTEROIDS	SP	OR
KINERET	AUTOIMMUNE	SP	SC
KISQALI	CANCER-ORAL		OR
KITABIS	CYSTIC FIBROSIS		IN
KOATE	HEMOPHILIA		IV
KOATE-DVI	HEMOPHILIA		IV
KOGENATE FS	HEMOPHILIA		IV
KOMZIFTI	CANCER-ORAL	SP	OR
KORLYM	ENDOCRINE	SP	OR
KOSELUGO	CANCER-ORAL	SP	OR
KOVALTRY	HEMOPHILIA		IV
KRAZATI	CANCER-ORAL	SP	OR
KUVAN	ENZYME DEFICIENCIES		OR
KYGEVVI	OTHER NON-CATEGORIZED	SP	OR
KYMBEE	CORTICOSTEROIDS	SP	OR
LAPATINIB	CANCER-ORAL		OR
LASIX ONYU	OTHER NON-CATEGORIZED		SC
LASIX ONYU	OTHER NON-CATEGORIZED		XX
LAZCLUZE	CANCER-ORAL	SP	OR
LEDIPASVIR/SOFOSBUVIR	HEPATITIS C		OR
LENALIDOMIDE	CANCER-ORAL		OR
LENVIMA	CANCER-ORAL		OR
LEQEMBI IQLI	OTHER NON-CATEGORIZED		SC
LEQEMBI IQLI	OTHER NON-CATEGORIZED	SP	SC
LEQEMBI IQLK	OTHER NON-CATEGORIZED	SP	SC
LEQSELVI	AUTOIMMUNE		OR
LETAIRIS	PULMONARY HYPERTENSION		OR
LEUKERAN	CANCER-ORAL		OR
LEUKINE	BLOOD MODIFIERS		IJ
LEUPROLIDE	CANCER		IJ

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
LEUPROLIDE	CANCER		IM
L-GLUTAMINE	BLOOD MODIFIERS		OR
LIFYORLI	CANCER-ORAL	SP	OR
LITFULO	AUTOIMMUNE		OR
LIVDELZI	GASTROINTESTINAL	SP	OR
LIVMARLI	OTHER NON-CATEGORIZED	SP	OR
LIVTENCITY	ANTI-INFECTIVE	SP	OR
LOMUSTINE	CANCER-ORAL		OR
LONSURF	CANCER-ORAL		OR
LORBRENA	CANCER-ORAL		OR
LUMAKRAS	CANCER-ORAL		OR
LUMRYZ	SLEEP DISORDERS	SP	OR
LUPKYNIS	IMMUNOSUPPRESSANTS	SP	OR
LYNAVOY	GASTROINTESTINAL	SP	OR
LYNPARZA	CANCER-ORAL	SP	OR
LYSODREN	CANCER-ORAL	SP	OR
LYTGOBI	CANCER-ORAL	SP	OR
MACITENTAN	PULMONARY HYPERTENSION		OR
MATULANE	CANCER-ORAL	SP	OR
MAVENCLAD	MULTIPLE SCLEROSIS		OR
MAVYRET	HEPATITIS C		OR
MAYZENT	MULTIPLE SCLEROSIS		OR
MEKINIST	CANCER-ORAL		OR
MEKTOVI	CANCER-ORAL		OR
MENOPUR	FERTILITY & PREGNANCY		SC
MERCAPTOPURINE	CANCER-ORAL		OR
MIFEPRISTONE	ENDOCRINE		OR
MIFEPRISTONE	ENDOCRINE	SP	OR
MIGLUSTAT	ENZYME DEFICIENCIES		OR
MIPLYFFA	OTHER NON-CATEGORIZED	SP	OR
MODEYSO	CANCER-ORAL	SP	OR
MULPLETA	BLOOD MODIFIERS		OR
MYALEPT	ENZYME DEFICIENCIES	SP	SC
MYCAPSSA	ENDOCRINE	SP	OR
MYLERAN	CANCER-ORAL		OR
MYQORZO	OTHER NON-CATEGORIZED	SP	OR
NEMLUVIO	AUTOIMMUNE		SC

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
NERLYNX	CANCER-ORAL		OR
NEULASTA	BLOOD MODIFIERS		SC
NEUPOGEN	BLOOD MODIFIERS		IJ
NEXAVAR	CANCER-ORAL		OR
NGENLA	GROWTH HORMONES		SC
NILANDRON	CANCER-ORAL		OR
NILOTINB TAR	CANCER-ORAL		OR
NILOTINIB	CANCER-ORAL		OR
NILUTAMIDE	CANCER-ORAL		OR
NINLARO	CANCER-ORAL		OR
NINTEDANIB	LUNG DISORDERS		OR
NITISINONE	ENZYME DEFICIENCIES	SP	OR
NITYR	ENZYME DEFICIENCIES	SP	OR
NIVESTYM	BLOOD MODIFIERS		IJ
NORDITROPIN FLEXPRO	GROWTH HORMONES		SC
NOURIANZ	PARKINSON	SP	OR
NOVAREL	FERTILITY & PREGNANCY		IM
NOVOEIGHT	HEMOPHILIA		IV
NOVOSEVEN RT	HEMOPHILIA		IV
NUBEQA	CANCER-ORAL		OR
NUCALA	LUNG DISORDERS		SC
NUTROPIN AQ	GROWTH HORMONES		SC
NUWIQ	HEMOPHILIA		IV
NYPOZI	BLOOD MODIFIERS		IJ
NYVEPRIA	BLOOD MODIFIERS		SC
OBIZUR	HEMOPHILIA	SP	IV
OCALIVA	GASTROINTESTINAL		OR
OCTREOTIDE	ENDOCRINE		IJ
OCTREOTIDE	ENDOCRINE		SC
ODOMZO	CANCER-ORAL		OR
OFEV	LUNG DISORDERS		OR
OGSIVEO	CANCER-ORAL	SP	OR
OHTUVAYRE	LUNG DISORDERS	SP	IN
OJEMDA	CANCER-ORAL	SP	OR
OJJAARA	CANCER-ORAL	SP	OR
OLPRUVA	ENZYME DEFICIENCIES	SP	OR
OLUMIANT	AUTOIMMUNE		OR
OMNITROPE	GROWTH HORMONES		SC
OMVOH	AUTOIMMUNE		SC

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
ONAPGO	PARKINSON	SP	SC
ONUREG	CANCER-ORAL		OR
OPFOLDA	ENZYME DEFICIENCIES	SP	OR
OPSUMIT	PULMONARY HYPERTENSION	SP	OR
OPSYNVI	PULMONARY HYPERTENSION	SP	OR
ORENCIA	AUTOIMMUNE		SC
ORENCIA CLICKJECT	AUTOIMMUNE		SC
ORENITRAM	PULMONARY HYPERTENSION	SP	OR
ORFADIN	ENZYME DEFICIENCIES	SP	OR
ORGOVYX	CANCER-ORAL	SP	OR
ORKAMBI	CYSTIC FIBROSIS		OR
ORLADEYO	HEMATOLOGICAL	SP	OR
ORSERDU	CANCER-ORAL	SP	OR
OTEZLA	AUTOIMMUNE		OR
OTEZLA XR	AUTOIMMUNE		OR
OTULFI	AUTOIMMUNE		SC
OVIDREL	FERTILITY & PREGNANCY		SC
OXERVATE	OPHTHALMIC	SP	OP
PALFORZIA	OTHER NON-CATEGORIZED	SP	OR
PALSONIFY	ENDOCRINE	SP	OR
PALYNZIQ	ENZYME DEFICIENCIES	SP	SC
PAZOPANIB	CANCER-ORAL		OR
PEGASYS	HEPATITIS C		SC
PEMAZYRE	CANCER-ORAL	SP	OR
PENICILLAMINE	OTHER NON-CATEGORIZED		OR
PHEBURANE	ENZYME DEFICIENCIES	SP	OR
PHENYLBUTYRATE	ENZYME DEFICIENCIES		OR
PHYRAGO	CANCER-ORAL	SP	OR
PIQRAY	CANCER-ORAL	SP	OR
PIRFENIDONE	LUNG DISORDERS		OR
PLEGRIDY	MULTIPLE SCLEROSIS		IM
PLEGRIDY	MULTIPLE SCLEROSIS		SC
POMALIDOMIDE	CANCER-ORAL		OR
POMALYST	CANCER-ORAL		OR
PONVORY	MULTIPLE SCLEROSIS		OR
PREGNYL	FERTILITY & PREGNANCY		IM
PROCRIT	BLOOD MODIFIERS		IJ

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
PROCYSBI	OTHER NON-CATEGORIZED	SP	OR
PROFILNINE	HEMOPHILIA		IV
PROMACTA	BLOOD MODIFIERS		OR
PULMOZYME	CYSTIC FIBROSIS		IN
PURIXAN	CANCER-ORAL		OR
PYQUVI	CORTICOSTEROIDS	SP	OR
PYRUKYND	HEMATOLOGICAL	SP	OR
PYZCHIVA	AUTOIMMUNE		SC
QFITLIA	HEMOPHILIA	SP	SC
QINLOCK	CANCER-ORAL	SP	OR
RADICAVA ORS	OTHER NON-CATEGORIZED		OR
RAVICTI	ENZYME DEFICIENCIES	SP	OR
REBIF	MULTIPLE SCLEROSIS		SC
REBIF REBIDOSE	MULTIPLE SCLEROSIS		SC
REBIF REBIDOSE TITRATION PACK	MULTIPLE SCLEROSIS		SC
REBINYN	HEMOPHILIA		IV
RECOMBINATE	HEMOPHILIA		IV
RECORLEV	ENDOCRINE	SP	OR
REDEMPLO	ANTIHYPERLIPIDEMIC	SP	SC
RELEUKO	BLOOD MODIFIERS		SC
RELYVRIO	OTHER NON-CATEGORIZED		OR
RETACRIT	BLOOD MODIFIERS		IJ
RETEVMO	CANCER-ORAL		OR
REVATIO	PULMONARY HYPERTENSION		OR
REVCOVI	ENZYME DEFICIENCIES	SP	IM
REVLIMID	CANCER-ORAL		OR
REVUFORJ	CANCER-ORAL	SP	OR
REZDIFFRA	GASTROINTESTINAL		OR
REZLIDHIA	CANCER-ORAL	SP	OR
REZUROCK	OTHER NON-CATEGORIZED	SP	OR
RHAPSIDO	HEMATOLOGICAL		OR
RIASTAP	HEMOPHILIA	SP	IV
RIBAVIRIN	HEPATITIS C		OR
RINVOQ	AUTOIMMUNE		OR
RINVOQ LQ	AUTOIMMUNE		OR
RIVFLOZA	OTHER NON-CATEGORIZED	SP	SC
RIXUBIS	HEMOPHILIA		IV

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
ROMVIMZA	CANCER-ORAL	SP	OR
ROZLYTREK	CANCER-ORAL		OR
RUBRACA	CANCER-ORAL		OR
RUCONEST	HEMATOLOGICAL	SP	IV
RYDAPT	CANCER-ORAL		OR
SAIZEN	GROWTH HORMONES		IJ
SAJAZIR	HEMATOLOGICAL	SP	SC
SAMSCA	ENDOCRINE		OR
SANDOSTATIN	ENDOCRINE		IJ
SAPHNELO	AUTOIMMUNE	SP	SC
SAPROPTERIN	ENZYME DEFICIENCIES		OR
SCEMBLIX	CANCER-ORAL	SP	OR
SELARSDI	AUTOIMMUNE		SC
SEPHIENCE	ENZYME DEFICIENCIES	SP	OR
SEROSTIM	GROWTH HORMONES		SC
SEVENFACT	HEMOPHILIA		IV
SIGNIFOR	ENDOCRINE	SP	SC
SILDENAFIL	PULMONARY HYPERTENSION		OR
SILIQ	AUTOIMMUNE		SC
SIMLANDI	AUTOIMMUNE		SC
SIMLANDI 1PEN	AUTOIMMUNE		SC
SIMLANDI 2PEN	AUTOIMMUNE		SC
SIMPONI	AUTOIMMUNE		SC
SKYCLARYS	OTHER NON-CATEGORIZED	SP	OR
SKYRIZI	AUTOIMMUNE		SC
SKYRIZI PEN	AUTOIMMUNE		SC
SKYTROFA	GROWTH HORMONES		SC
SODIUM OXYBATE	SLEEP DISORDERS	SP	OR
SODIUM PHENYLBUTYRATE	ENZYME DEFICIENCIES		OR
SOFOSBUVIR/VELPATASVIR	HEPATITIS C		OR
SOGROYA	GROWTH HORMONES		SC
SOHONOS	OTHER NON-CATEGORIZED	SP	OR
SOMAVERT	ENDOCRINE		SC
SORAFENIB	CANCER-ORAL		OR
SOTYKTU	AUTOIMMUNE		OR
SOVALDI	HEPATITIS C		OR
SPEVIGO	AUTOIMMUNE	SP	SC
SPRYCEL	CANCER-ORAL		OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
STARJEMZA	AUTOIMMUNE		SC
STELARA	AUTOIMMUNE		SC
STEQEYMA	AUTOIMMUNE		SC
STIMUFEND	BLOOD MODIFIERS		SC
STIVARGA	CANCER-ORAL		OR
STRENSIQ	ENZYME DEFICIENCIES	SP	SC
SUCRAID	ENZYME DEFICIENCIES	SP	OR
SUNITINIB	CANCER-ORAL		OR
SUTENT	CANCER-ORAL		OR
SYMDEKO	CYSTIC FIBROSIS		OR
SYNAGIS	LUNG DISORDERS		IM
SYNAREL	ENDOCRINE		NA
SYPRINE	OTHER NON-CATEGORIZED		OR
TABLOID	CANCER-ORAL		OR
TABRECTA	CANCER-ORAL		OR
TADALAFIL	PULMONARY HYPERTENSION		OR
TADLIQ	PULMONARY HYPERTENSION	SP	OR
TAFINLAR	CANCER-ORAL		OR
TAGRISSO	CANCER-ORAL	SP	OR
TAKHZYRO	HEMATOLOGICAL	SP	SC
TALTZ	AUTOIMMUNE		SC
TALZENNA	CANCER-ORAL		OR
TARCEVA	CANCER-ORAL		OR
TARGRETIN	CANCER-ORAL		EX
TARGRETIN	CANCER-ORAL		OR
TASCENSO ODT	MULTIPLE SCLEROSIS	SP	OR
TASIGNA	CANCER-ORAL		OR
TASIMELTEON	SLEEP DISORDERS		OR
TAVALISSE	BLOOD MODIFIERS	SP	OR
TAVNEOS	HEMATOLOGICAL	SP	OR
TAZVERIK	CANCER-ORAL	SP	OR
TECFIDERA	MULTIPLE SCLEROSIS		OR
TEMOZOLOMIDE	CANCER-ORAL		OR
TEPMETKO	CANCER-ORAL	SP	OR
TERIFLUNOMIDE	MULTIPLE SCLEROSIS		OR
TERIPARATIDE	BONE DENSITY		SC
TETRABENAZINE	OTHER NON-CATEGORIZED		OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
TEZSPIRE	LUNG DISORDERS		SC
THALOMID	CANCER-ORAL		OR
THIOLA	OTHER NON-CATEGORIZED	SP	OR
THIOLA EC	OTHER NON-CATEGORIZED	SP	OR
TIBSOVO	CANCER-ORAL	SP	OR
TIOPRONIN	OTHER NON-CATEGORIZED		OR
TIOPRONIN	OTHER NON-CATEGORIZED	SP	OR
TOBI	CYSTIC FIBROSIS		IN
TOBI PODHALER	CYSTIC FIBROSIS		IN
TOBRAMYCIN	CYSTIC FIBROSIS		IN
TOFACITINIB	AUTOIMMUNE		OR
TOLVAPTAN	ENDOCRINE		OR
TOLVAPTAN	ENDOCRINE	SP	OR
TOREMIFENE	CANCER-ORAL		OR
TORPENZ	CANCER-ORAL	SP	OR
TRACLEER	PULMONARY HYPERTENSION		OR
TREMFYA	AUTOIMMUNE		SC
TRETINOIN	CANCER-ORAL		OR
TRETTEN	HEMOPHILIA		IV
TRIENTINE	OTHER NON-CATEGORIZED		OR
TRIKAFTA	CYSTIC FIBROSIS		OR
TRUQAP	CANCER-ORAL	SP	OR
TRUTAKNA	OTHER NON-CATEGORIZED	SP	SC
TRYNGOLZA	ANTIHYPERLIPIDEMIC	SP	SC
TRYVIO	ANTIHYPERTENSIVE	SP	OR
TUKYSA	CANCER-ORAL	SP	OR
TURALIO	CANCER-ORAL	SP	OR
TYENNE	AUTOIMMUNE		SC
TYKERB	CANCER-ORAL		OR
TYMLOS	BONE DENSITY		SC
TYVASO	PULMONARY HYPERTENSION	SP	IN
TYVASO DPI	PULMONARY HYPERTENSION	SP	IN
TYVASO RF KT	PULMONARY HYPERTENSION	SP	IN
TYVASO ST KT	PULMONARY HYPERTENSION	SP	IN

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
UDENYCA	BLOOD MODIFIERS		SC
UDENYCA ONBODY	BLOOD MODIFIERS		SC
UPTRAVI	PULMONARY HYPERTENSION	SP	OR
UPTRAVI PACK	PULMONARY HYPERTENSION	SP	OR
USTEKINUMAB	AUTOIMMUNE		SC
USTEKINUMAB-AAUZ	AUTOIMMUNE		SC
USTEKINUMAB-AEKN	AUTOIMMUNE		SC
USTEKINUMAB-TTWE	AUTOIMMUNE		SC
VABRINTY	CANCER		SC
VALCHLOR	CANCER-ORAL	SP	EX
VANFLYTA	CANCER-ORAL	SP	OR
VANRAFIA	OTHER NON-CATEGORIZED	SP	OR
VELSIPITY	AUTOIMMUNE		OR
VENCLEXTA	CANCER-ORAL	SP	OR
VENTAVIS	PULMONARY HYPERTENSION	SP	IN
VENXXIVA	OTHER NON-CATEGORIZED	SP	OR
VEPPANU	CANCER-ORAL	SP	OR
VERZENIO	CANCER-ORAL		OR
VIJOICE	OTHER NON-CATEGORIZED	SP	OR
VISTOGARD	OTHER NON-CATEGORIZED	SP	OR
VITRAKVI	CANCER-ORAL	SP	OR
VIZIMPRO	CANCER-ORAL		OR
VONJO	CANCER-ORAL	SP	OR
VONVENDI	HEMOPHILIA		IV
VORANIGO	CANCER-ORAL	SP	OR
VOSEVI	HEPATITIS C		OR
VOTRIENT	CANCER-ORAL		OR
VOWST	GASTROINTESTINAL	SP	OR
VOXZOGO	ENDOCRINE	SP	SC
VOYDEYA	HEMATOLOGICAL	SP	OR
VOYXACT	OTHER NON-CATEGORIZED	SP	SC
VUMERITY	MULTIPLE SCLEROSIS		OR
VYALEV	PARKINSON	SP	SC
VYJUVEK	DERMATOLOGICS	SP	EX
VYKAT XR	OTHER NON-CATEGORIZED	SP	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
VYNDAMAX	OTHER NON-CATEGORIZED		OR
VYNDAQEL	OTHER NON-CATEGORIZED		OR
VYVGART HYTRULO	OTHER NON-CATEGORIZED		SC
WAINUA	OTHER NON-CATEGORIZED	SP	SC
WAKIX	SLEEP DISORDERS	SP	OR
WAYRILZ	BLOOD MODIFIERS	SP	OR
WELIREG	CANCER-ORAL	SP	OR
WEZLANA	AUTOIMMUNE		SC
WILATE	HEMOPHILIA		IV
WINREVAIR	PULMONARY HYPERTENSION	SP	SC
XALKORI	CANCER-ORAL		OR
XELJANZ	AUTOIMMUNE		OR
XELJANZ XR	AUTOIMMUNE		OR
XELODA	CANCER-ORAL		OR
XENAZINE	OTHER NON-CATEGORIZED		OR
XERMELO	GASTROINTESTINAL	SP	OR
XOLAIR	LUNG DISORDERS		SC
XOLREMDI	BLOOD MODIFIERS	SP	OR
XOSPATA	CANCER-ORAL	SP	OR
XPOVIO	CANCER-ORAL	SP	OR
XTANDI	CANCER-ORAL		OR
XURIDEN	ENDOCRINE	SP	OR
XYNTHA	HEMOPHILIA		IV
XYNTHA SOLOFUSE	HEMOPHILIA		IV
XYREM	SLEEP DISORDERS	SP	OR
XYWAV	SLEEP DISORDERS	SP	OR
YARGESA	ENZYME DEFICIENCIES	SP	OR
YESINTEK	AUTOIMMUNE		SC
YONSA	CANCER-ORAL		OR
YORVIPATH	ENDOCRINE	SP	SC
YUFLYMA	AUTOIMMUNE		SC
YUSIMRY	AUTOIMMUNE		SC
YUTREPIA	PULMONARY HYPERTENSION	SP	IN
YUVIWEL	ENDOCRINE	SP	SC
ZARXIO	BLOOD MODIFIERS		IJ
ZAVESCA	ENZYME DEFICIENCIES	SP	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BCBSIL Specialty and Complex Care Drug List

BlueCross BlueShield of Illinois

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Specialty	Route of Administration
ZEJULA	CANCER-ORAL	SP	OR
ZELBORAF	CANCER-ORAL		OR
ZELVYSIA	ENZYME DEFICIENCIES	SP	OR
ZEPATIER	HEPATITIS C		OR
ZEPOSIA	MULTIPLE SCLEROSIS		OR
ZEPOSIA 7-DAY STARTER PACK	MULTIPLE SCLEROSIS		OR
ZIEXTENZO	BLOOD MODIFIERS		SC
ZILBRYSQ	OTHER NON-CATEGORIZED	SP	SC
ZOKINVY	OTHER NON-CATEGORIZED	SP	OR
ZOLINZA	CANCER-ORAL		OR
ZOMACTON	GROWTH HORMONES		SC
ZYCUBO	VITAMINS & SUPPLEMENTS	SP	SC
ZYDELIG	CANCER-ORAL		OR
ZYKADIA	CANCER-ORAL		OR
ZYMFENTRA	AUTOIMMUNE		SC
ZYTIGA	CANCER-ORAL		OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Illinois and the pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Illinois to provide pharmacy solutions. Blue Cross and Blue Shield of Illinois, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.

4220 IL © Prime Therapeutics LLC 10/01/2026

BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

300 East Randolph Street
Chicago, IL 60601

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services	Phone: 800-368-1019
200 Independence Avenue SW	TTY/TDD: 800-537-7697
Room 509F, HHH Building	Complaint Portal:
Washington, DC 20201	ocrportal.hhs.gov/ocr/smartscreen/main.jsf
	Complaint Forms:
	hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

bcbsil.com

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

300 East Randolph Street
Chicago, IL 60601

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
فارسي Farsi	توجه: اگر فارسي صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 855-710-6984 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔855-710-6984 (711:TTY) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

bcbsil.com

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association