



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association

Select Generic Specialty and Biosimilar Drug List

The following drugs will be subject to the Select Generic Specialty and Biosimilar Drug List. Prior authorization may be required for some of these agents.

- abiraterone 250 mg*
- bexarotene cap 75 mg
- dalfampridine tab er 12hr 10 mg
- deferasirox tab 180 mg
- deferasirox tab 360 mg
- deferasirox tab 90 mg
- dimethyl fumarate capsule delayed release 120 mg
- dimethyl fumarate capsule delayed release 240 mg
- dimethyl fumarate capsule dr starter pack 120 mg & 240 mg
- erlotinib hcl tab 25 mg (base equivalent)
- erlotinib hcl tab 100 mg (base equivalent)
- erlotinib hcl tab 150 mg (base equivalent)
- everolimus tab 2.5 mg
- everolimus tab 5 mg
- everolimus tab 7.5 mg
- everolimus tab 10 mg
- everolimus tab for oral susp 2 mg
- everolimus tab for oral susp 3 mg
- everolimus tab for oral susp 5 mg
- fingolimod hcl cap 0.5 mg (base equiv)
- icanitabant acetate inj 30 mg/3ml (base equivalent)
- glatiramer acetate soln prefilled syringe 20 mg/ml (MYLAN PRODUCTS)
- glatiramer acetate soln prefilled syringe 40 mg/ml (MYLAN PRODUCTS)
- imatinib mesylate tab 100 mg (base equivalent)
- imatinib mesylate tab 400 mg (base equivalent)

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