

# 2026 Premium Standard Oral Chemotherapy List

Effective July 1, 2026

**For the most current list of covered medications or if you have questions:**

Call the number on your member ID card.

Visit your plan's website on your member ID card to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

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## About this drug list

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

| Drug Name                                          |
|----------------------------------------------------|
| Antineoplastics - Drugs for Cancer                 |
| abirtega                                           |
| ALECENSA                                           |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG                 |
| ALUNBRIG ORAL TABLET 30 MG                         |
| ALUNBRIG ORAL TABLET THERAPY PACK                  |
| anastrozole oral                                   |
| AUGTYRO ORAL CAPSULE 160 MG                        |
| AVMAPKI FAKZYNJA CO-PACK                           |
| AYVAKIT                                            |
| BALVERSA                                           |
| BOSULIF                                            |
| BRAFTOVI                                           |
| BRUKINSA                                           |
| CABOMETYX ORAL TABLET 20 MG                        |
| CABOMETYX ORAL TABLET 40 MG, 60 MG                 |
| CALQUENCE                                          |
| capecitabine                                       |
| CAPRELSA ORAL TABLET 100 MG                        |
| CAPRELSA ORAL TABLET 300 MG                        |
| COMETRIQ                                           |
| COPIKTRA                                           |
| COTELLIC                                           |
| cyclophosphamide oral capsule                      |
| CYCLOPHOSPHAMIDE ORAL TABLET                       |
| DANZITEN                                           |
| dasatinib                                          |
| DAURISMO                                           |
| ENSACOVE                                           |
| ERIVEDGE                                           |
| ERLEADA                                            |
| erlotinib hcl oral tablet 100 mg, 150 mg           |
| erlotinib hcl oral tablet 25 mg                    |
| EULEXIN                                            |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg |
| FRUZAQLA                                           |
| gefitinib                                          |

| Drug Name                              |
|----------------------------------------|
| GILOTTRIF                              |
| GLEOSTINE                              |
| GOMEKLI                                |
| HERNEXEOS                              |
| hydroxyurea oral                       |
| HYRNUO                                 |
| IBRANCE                                |
| IBTROZI                                |
| ICLUSIG ORAL TABLET 10 MG, 15 MG       |
| ICLUSIG ORAL TABLET 30 MG, 45 MG       |
| IDHIFA                                 |
| imatinib mesylate oral                 |
| IMBRUVICA ORAL CAPSULE 140 MG          |
| IMBRUVICA ORAL CAPSULE 70 MG           |
| IMBRUVICA ORAL SUSPENSION              |
| IMBRUVICA ORAL TABLET 420 MG           |
| IMKELDI                                |
| INLURIYO                               |
| INLYTA                                 |
| INREBIC                                |
| ITOVEBI ORAL TABLET 3 MG               |
| ITOVEBI ORAL TABLET 9 MG               |
| JAKAFI ORAL TABLET 10 MG, 5 MG         |
| JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG |
| JAYPIRCA ORAL TABLET 100 MG            |
| JAYPIRCA ORAL TABLET 50 MG             |
| KISQALI (200 MG DOSE)                  |
| KISQALI (400 MG DOSE)                  |
| KISQALI (600 MG DOSE)                  |
| KOMZIFTI                               |
| KOSELUGO                               |
| KRAZATI                                |
| lapatinib ditosylate                   |
| LAZCLUZE ORAL TABLET 240 MG            |
| LAZCLUZE ORAL TABLET 80 MG             |
| lederle leucovorin                     |
| lenalidomide                           |

| Drug Name                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------|
| LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG |
| letrozole oral                                                                                                              |
| leucovorin calcium oral                                                                                                     |
| LEUKERAN                                                                                                                    |
| lomustine                                                                                                                   |
| LONSURF                                                                                                                     |
| LORBRENA                                                                                                                    |
| LUMAKRAS                                                                                                                    |
| LYNPARZA                                                                                                                    |
| LYSODREN                                                                                                                    |
| LYTGOBI (12 MG DAILY DOSE)                                                                                                  |
| MATULANE                                                                                                                    |
| MEKINIST                                                                                                                    |
| MEKTOVI                                                                                                                     |
| mercaptopurine oral suspension                                                                                              |
| mercaptopurine oral tablet                                                                                                  |
| MODEYSO                                                                                                                     |
| MYLERAN                                                                                                                     |
| NERLYNX                                                                                                                     |
| nilotinib hcl                                                                                                               |
| NUBEQA                                                                                                                      |
| ODOMZO                                                                                                                      |
| OGSIVEO                                                                                                                     |
| OJEMDA                                                                                                                      |
| ONUREG                                                                                                                      |
| ORGOVYX                                                                                                                     |
| ORSERDU                                                                                                                     |
| pazopanib hcl                                                                                                               |
| PIQRAY                                                                                                                      |
| pomalidomide oral capsule 1 mg, 2 mg                                                                                        |
| pomalidomide oral capsule 3 mg, 4 mg                                                                                        |
| POMALYST ORAL CAPSULE 1 MG, 2 MG                                                                                            |
| POMALYST ORAL CAPSULE 3 MG, 4 MG                                                                                            |
| QINLOCK                                                                                                                     |
| RETEVMO ORAL TABLET 120 MG, 160 MG                                                                                          |
| RETEVMO ORAL TABLET 40 MG                                                                                                   |

| Drug Name                         |
|-----------------------------------|
| RETEVMO ORAL TABLET 80 MG         |
| REVLIMID                          |
| REVUFORJ                          |
| ROMVIMZA                          |
| ROZLYTREK                         |
| SCEMBLIX ORAL TABLET 100 MG       |
| SCEMBLIX ORAL TABLET 20 MG        |
| SCEMBLIX ORAL TABLET 40 MG        |
| SOLTAMOX                          |
| sorafenib tosylate                |
| STIVARGA                          |
| sunitinib malate                  |
| TABLOID                           |
| TABRECTA                          |
| TAFINLAR                          |
| TAGRISSE ORAL TABLET 40 MG        |
| TAGRISSE ORAL TABLET 80 MG        |
| tamoxifen citrate oral            |
| temozolomide                      |
| TEPMETKO                          |
| THALOMID                          |
| TIBSOVO                           |
| toremifene citrate                |
| torpenz                           |
| TRUQAP                            |
| TUKYSA                            |
| TURALIO                           |
| VANFLYTA                          |
| VENCLEXTA                         |
| VENCLEXTA STARTING PACK           |
| VITRAKVI                          |
| VIZIMPRO ORAL TABLET 15 MG        |
| VIZIMPRO ORAL TABLET 30 MG, 45 MG |
| VONJO                             |
| VORANIGO ORAL TABLET 10 MG        |
| VORANIGO ORAL TABLET 40 MG        |
| WELIREG                           |
| XOSPATA                           |

| Drug Name                                                                    |
|------------------------------------------------------------------------------|
| XPOVIO (100 MG ONCE WEEKLY)                                                  |
| XPOVIO (60 MG TWICE WEEKLY)                                                  |
| XPOVIO (80 MG ONCE WEEKLY) ORAL<br>TABLET THERAPY PACK 40 MG                 |
| XPOVIO (80 MG TWICE WEEKLY)                                                  |
| XTANDI                                                                       |
| yulithira                                                                    |
| ZEJULA ORAL TABLET 100 MG                                                    |
| ZEJULA ORAL TABLET 200 MG, 300 MG                                            |
| ZELBORAF                                                                     |
| ZOLINZA                                                                      |
| ZYDELIG                                                                      |
| ZYKADIA                                                                      |
| Hormonal Agents - Sex Hormones and Birth<br>Control                          |
| megestrol acetate oral tablet                                                |
| Immunological Agents - Drugs for Immune<br>System Stimulation or Suppression |
| JYLAMVO                                                                      |
| TREXALL                                                                      |
| XATMEP                                                                       |
| Miscellaneous Therapeutic Agents                                             |
| IWILFIN                                                                      |



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# Notice of Nondiscrimination

## Discrimination Is Against the Law

**Blue Cross® Blue Shield® of Arizona (AZ Blue)** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). **AZ Blue** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

### **AZ Blue:**

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

If you believe that **AZ Blue** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

### **Section 1557 Coordinator**

**P.O. Box 13466**

**Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711**

or email us at [crc@azblue.com](mailto:crc@azblue.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at AZ Blue's website: [azblue.com/nondiscrimination-notice](http://azblue.com/nondiscrimination-notice).



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## Aviso de no discriminación

La discriminación es ilegal

**Blue Cross® Blue Shield® of Arizona (AZ Blue)** cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad ni sexo (de conformidad con el alcance de la discriminación sexual descrita en la Sección 92.101[a][2] del Título 45 del Código de Regulaciones Federales [CFR]) (o sexo, que incluye las características sexuales, como rasgos intersexuales, embarazo o condiciones relacionadas, orientación sexual, identidad de género y estereotipos sexuales). **AZ Blue** no excluye a las personas ni las trata de manera menos favorable por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo.

### **AZ Blue:**

- Brinda a las personas con discapacidades modificaciones razonables y ayudas y servicios auxiliares gratuitos y apropiados para comunicarse de manera eficaz con nosotros, tales como:
  - Intérpretes de lenguaje de señas calificados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, que pueden incluir:
  - Intérpretes calificados.
  - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, llame al 602-864-4884 para español y al 1-877-475-4799 para todos los demás idiomas y otras ayudas y servicios.

Si considera que **AZ Blue** no ha proporcionado estos servicios o ha discriminado de cualquier otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

### **Section 1557 Coordinator**

**P.O. Box 13466**

**Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711**

o bien, envíenos un correo electrónico a [crc@azblue.com](mailto:crc@azblue.com)

Puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, el **Coordinador de la Sección 1557 de AZ Blue** está disponible para ayudar.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica a través del Portal de reclamos de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono a:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de reclamos están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>. Este aviso está disponible en el sitio web de AZ Blue: [azblue.com/nondiscrimination-notice](http://azblue.com/nondiscrimination-notice).

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**English:** 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 1-877-475-4799.

**Spanish:** 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 602-864-4884.

**Navajo:** Diné bee yániit'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjii' 1-877-475-4799.

**Chinese Simplified:** 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 1-877-475-4799。

**Chinese Traditional:** 如果您說[中文], 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 1-877-475-4799。

**Tagalog:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang 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 1-877-475-4799.

**French:** 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 1-877-475-4799.

**Vietnamese:** 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 1-877-475-4799.

**German:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

**Korean:** 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

**Russian:** 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 1-877-475-4799.

### 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 1-877-475-4799.

**Hindi:** 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 सेवाएं भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

### Farsi (Persian)

همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. فارسی اگر توجه: 1-877-475-4799 با شماره دسترس، به‌طور رایگان موجود می‌باشند.

**Thai:** หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

**Japanese:** 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799。