

Specialty drugs not covered under the pharmacy benefit

This is a list of clinician-administered specialty drugs not covered under the pharmacy benefit for certain groups. Members should talk with the prescribing physician about determination of coverage under the member's medical benefit.

ANTICOAGULANT

Refludan

BLOOD MODIFYING

CeprothinSoliris
Soliris

BONE CONDITIONS

Boniva
ibandronate sodium
Miacalcin
pamidronate disodium
Prolia
Reclast
Xgeva
zoledronic acid
Zometa

CANCER

Abraxane
Adecetris
adriamycin
Adrucil
Alimta
Alkeran
amifostine
Arranon
Arzerra
Avastin
azacitidine
Beleodaq
Bendeka
Bexxar
Bicnu
bleomycin sulfate
Blinicyto
Busulfex
Campath
Camptosar
carboplatin
cerubidine
cisplatin
cladribine
Clolar
Cosmegen
cyclophosphamide
Cyramza
cytarabine
dacarbazine
Dacogen

dactinomycin

Darzalex

daunorubicin hcl

daunoxome

decitabine

Depocyt

dexrazoxane

Docefrez

docetaxel

Doxil

doxorubicin hcl

doxorubicin hcl

liposomal

Elitek

Elvence

Eloxatin

Elspar

Empliciti

epirubicin hcl

Erbitux

Erwinaze

Etopophos

etoposide

Evomela

Faslodex

Firmagon

floxuridine

fludarabine phosphate

fluorouracil

Folotyn

Fusilev

Gazyva

gemcitabine hcl

Gemzar

Halaven

Herceptin

Hycamtin

idamycin PFS

idarubicin hcl

Ifex

ifosfamide

ifosfamide-mesna

irinotecan hcl

Istodax

Ixempra

Jevtana

Kadcyla

Kepivance

Keytruda

Kyprolis

levoleucovorin calcium

Lipodox

Marqibo

melphalan hcl

mitomycin

mitoxantrone

Mustargen

Navelbine

Nipent

Oncaspar

Onivyde

Opdivo

oxaliplatin

paclitaxel

pentostatin

Perjeta

Photofrin

Portrazza

Proleukin

Rituxan

Sipuleuce-T Provenge

Synribo

taxotere

Temodar

teniposide

Theracys

Thiotepa

Tice Bcg

Toposar

topotecan hcl

Torisel

Totect

Treanda

Trelstar LA

Trisenox

Unituxin

Valstar

Vectibix

Velcade

Vidaza

vinblastine sulfate

Vincasar PFS

vincristine sulfate

vinorelbine tartrate

Voraxaze

Xofigo

Yervoy

Yondelis

Zaltrap

Zanosar

Zevalin

Zinecard

Zoladex

CANCER/ENDOCRINE DISORDERS

Lupron Depot
Lupron Depot-Ped
Supprelin LA
Vantas

CHEMICAL DEPENDENCE

Vivitrol

CONTRACEPTIVES

Implanon
Liletta
Mirena
Nexplanon
Skyla

DIAGNOSTIC AIDS

Thyrogen

ENDOCRINE DISORDERS

Sandostatin LAR Depot
Somatuline Depot

ENZYME DEFICIENCIES

Adagen
Aldurazyme
Cerezyme
Elaprase
Elelyso
Fabrazyme
Kanuma
Lumizyme
Myozyme
Naglazyme
Vimizim
Vpriv

EYE CONDITIONS

Amvisc
Amvisc Plus
Eylea

Iluvien

Jetrea

Lucentis

Macugen

Ozurdex

Provisc

Retisert

Visudyne

GI DISORDERS

Solesta

GOUT

Krystexxa

HEART DISEASE

Natrecor

HEMOPHILIA

Advate
Advate H
Advate L
Advate M
Advate SH
Advate UH
Adynovate
Alphanate
Alphanine SD
Alprolix
Bebulin
Benefix
Coagadex
Corifact
Eloctate
Feiba NF
Helixate FS
Hemofil-M
Humate-P
Idelvion
Ixinity
Koate-DVI
Kogenate FS
Kovaltry
Monoclate-P
Mononine
Novoeight
Novoseven RT
Nuwiq
Obizur
Profilnine SD

Specialty drugs not covered under the pharmacy benefit



Recombinate
Riastap
Rixubis
Tretten
Wilate
Xyntha
Xyntha Solofuse

HEREDIATARY ANGIOEDEMA

Berinerit
Cinryze
Kalbitor
Ruconest

HORMONAL SUPPLEMENTATION

Aveed
Makena
Testopel

IMMUNE SERUMS

Bivigam
Carimune NF
Cytogam
Flebogamma DIF
Gamastan S-D
Gammagard Liquid
Gammagard S-D
Gammaked
Gammplex
Gamunex
Gamunex-C
Hepagam B

Hizentra
Hyperhep B S-D
Hyperrab S-D
Hyperrho S-D
Hyqvia
Imogam Rabies-HT
MicRhogam
MicRhogam Plus
Nabi-HB
Octagam
Privigen
Rhogam
Rhogam Plus
Rhophylac
Varizig
WinRho SDF

INFLAMMATORY CONDITIONS

Actemra
Benlysta
Entyvio
Ilaris
Orencia
Remicade
Simponi Aria

IRON TOXICITY deferoxamine mesylate Desferal

MISC CONDITIONS

Botox
Botox Cosmetic

Dysport
Myobloc
Sylvant
Xeomin
Xiaflex

MISC SPECIALTY CONDITIONS

Cinqair
Defitelio
Prialt

MULTIPLE SCLEROSIS

Lemtrada
Tysabri

OSTEOARTHRITIS

Euflexxa
Gel-One
Gelsyn-3
Genvisc 850
Hyalgan
Hymovis
Monovisc
Orthovisc
Supartz
Supartz FX
Synvisc
Synvisc-One

PAIN

Qutenza

PAIN/CRAMPS

Gablofen
Lioresal

PULMONARY HYPERTENSION

epoprostenol sodium
Flolan
Remodulin
Revatio
sildenafil citrate
Veletri

RESPIRATORY CONDITIONS

Aralast NP
Glassia
Prolastin C
Zemaira

RSV PREVENTION

Synagis

TRANSPLANT

Atgam
Cellcept
cyclosporine
Nulojix
Prograf
Sandimmune
Simulect
Thymoglobulin

VIRAL INFECTIONS

Alferon N
cidofovir
Cytovene
foscarnet sodium
Foscavir
ganciclovir sodium
Retrovir
Vistide

Only the clinician administered injectable dosage forms of the above medications will be covered under the medical benefit. All oral, inhaled or other self-administered dosage formulations of the drugs listed above will continue to be covered under the pharmacy benefit.

Generic drugs are lowercase and brand name drugs are capitalized.

This list may change without notice which may affect benefit coverage.

To look up drug coverage under the pharmacy benefit, log on to anthem.com/ca. Enter username and password in Member Login box. Click on 'Prescription Benefits' to reach the Pharmacy page. Click on 'Price a medication' to learn more about drug cost and coverage.

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Get help in your language



Language Assistance Services

Curious to know what all this says? We would be too. Here's the English version:

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-866-249-4844. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Member Services telephone number on the back of your ID card.

Spanish

IMPORTANTE: ¿Puede leer esta carta? De lo contrario, podemos hacer que alguien lo ayude a leerla. También puede recibir esta carta escrita en su idioma. Para obtener ayuda gratuita, llame de inmediato al 1-866-249-4844. (TTY/TDD: 711)

Arabic

مهم: هل يمكنك قراءة هذه الرسالة؟ إذا لم تستطع، فيمكننا الاستعانة بشخص ما ليساعدك على قراءتها. كما يمكنك أيضًا الحصول على هذا الخطاب مكتوبًا بلغتك. للحصول على المساعدة المجانية، يُرجى الاتصال فورًا بالرقم 1-866-249-4844 (TTY/TDD: 711).

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Կարողանո՞ւմ եք ընթերցել այս նամակը: Եթե ոչ, մենք կարող ենք տրամադրել ինչ-որ մեկին, ով կօգնի Ձեզ՝ կարդալ այն: Կարող ենք նաև այս նամակը Ձեզ գրավոր տարբերակով տրամադրել: Անվճար օգնություն ստանալու համար կարող եք անհապաղ զանգահարել 1-866-249-4844 հեռախոսահամարով: (TTY/TDD: 711)

Chinese

重要事項：您能看懂這封信函嗎？如果您看不懂，我們能夠找人協助您。您有可能可以獲得以您的語言而寫的本信函。如需免費協助，請立即撥打1-866-249-4844。(TTY/TDD: 711)

Farsi

مهم: آیا می‌توانید این نامه را بخوانید؟ اگر نمی‌توانید، می‌توانیم شخصی را به شما معرفی کنیم تا در خواندن این نامه شما را کمک کند. همچنین می‌توانید این نامه را به صورت مکتوب به زبان خودتان دریافت کنید. برای دریافت کمک رایگان، همین حالا با شماره 1-866-249-4844 تماس بگیرید. (TTY/TDD: 711)

Hindi

महत्वपूर्ण: क्या आप यह पत्र पढ़ सकते हैं? अगर नहीं, तो हम आपको इसे पढ़ने में मदद करने के लिए किसी को उपलब्ध करा सकते हैं। आप यह पत्र अपनी भाषा में लिखवाने में भी सक्षम हो सकते हैं। निःशुल्क मदद के लिए, कृपया 1-866-249-4844 पर तुरंत कॉल करें। (TTY/TDD: 711)

Hmong

TSEEM CEEB: Koj puas muaj peev xwm nyeem tau daim ntawv no? Yog hais tias koj nyeem tsis tau, peb muaj peev xwm cia lwm tus pab nyeem rau koj mloog. Tsis tas li ntawd tej zaum koj kuj tseem yuav tau txais daim ntawv no sau ua koj hom lus thiab. Txog rau kev pab dawb, thov hu tam sim no rau tus xov tooj 1-866-249-4844. (TTY/TDD: 711)

Japanese

重要: この書簡を読めますか? もし読めない場合には、内容を理解するための支援を受けることができます。また、この書簡を希望する言語で書いたものを入手することもできます。次の番号にいますぐ電話して、無料支援を受けてください。1-866-249-4844 (TTY/TDD: 711)

Khmer

សំខាន់៖ តើអ្នកអាចអានលិខិតនេះទេ? បើមិនអាចទេ យើងអាចឱ្យអ្នកជំនាញក្នុងភាសាខ្មែរជួយអ្នក។ អ្នកក៏អាចទទួលបានលិខិតនេះដោយសេរីសេរីជាភាសាបស់អ្នកផងដែរ។ ដើម្បីទទួលបានជំនួយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទភ្លាមៗទៅលេខ 1-866-249-4844។ (TTY/TDD: 711)

Korean

중요: 이 서신을 읽으실 수 있으십니까? 읽으실 수 없을 경우 도움을 드릴 사람이 있습니다. 귀하가 사용하는 언어로 쓰여진 서신을 받으실 수도 있습니다. 무료 도움을 받으시려면 즉시 1-866-249-4844로 전화하십시오. (TTY/TDD: 711)

Punjabi

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ, ਤਾਂ ਅਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਨੂੰ ਬੁਲਾ ਸਕਦਾ ਹਾਂ ਤੁਸੀਂ ਸ਼ਾਇਦ ਪੱਤਰ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਲਿਖਿਆ ਹੋਇਆ ਵਥੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਮਦਦ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਫੌਰਨ 1-866-249-4844 ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Russian

ВАЖНО. Можете ли вы прочитать данное письмо? Если нет, наш специалист поможет вам в этом. Вы также можете получить данное письмо на вашем языке. Для получения бесплатной помощи звоните по номеру 1-866-249-4844. (TTY/TDD: 711)

Tagalog

MAHALAGA: Nababasa ba ninyo ang liham na ito? Kung hindi, may taong maaaring tumulong sa inyo sa pagbasa nito. Maaari ninyo ring makuha ang liham na ito nang nakasulat sa ginagamit ninyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa 1-866-249-4844. (TTY/TDD: 711)

Thai

หมายเหตุสำคัญ: ท่านสามารถอ่านจดหมายฉบับนี้หรือไม่ หากท่านไม่สามารถอ่านจดหมายฉบับนี้ เราสามารถจัดหาเจ้าหน้าที่มาอ่านให้ท่านฟังได้ ท่านยังอาจให้เจ้าหน้าที่ช่วยเขียนจดหมายในภาษาของท่านอีกด้วย หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย โปรดโทรติดต่อที่หมายเลข 1-866-249-4844 (TTY/TDD: 711)

Vietnamese

QUAN TRỌNG: Quý vị có thể đọc thư này hay không? Nếu không, chúng tôi có thể bố trí người giúp quý vị đọc thư này. Quý vị cũng có thể nhận thư này bằng ngôn ngữ của quý vị. Để được giúp đỡ miễn phí, vui lòng gọi ngay số 1-866-249-4844. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling [1-800-368-1019](tel:1-800-368-1019) (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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