

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
Adcetris
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

Ellence

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	Hizentra	Dysport	PAIN/CRAMPS	VIRAL INFECTIONS
Riastap	Hyperhep B S-D	Myobloc	Gablofen	Alferon N
Rixubis	Hyperrab S-D	Sylvant	Lioresal	cidofovir
Tretten	Hyperrho S-D	Xeomin		Cytovene
Wilate	Hyqvia	Xiaflex		foscarnet sodium
Xyntha	Imogam Rabies-HT		PULMONARY	Foscavir
Xyntha Solofuse	MicRhogam	MISC SPECIALTY	HYPERTENSION	ganciclovir sodium
	MicRhogam Plus	CONDITIONS	epoprostenol sodium	Retrovir
HEREDIATARY	Nabi-HB	Cinqair	Flolan	Vistide
ANGIOEDEMA	Octagam	Defitelio	Remodulin	
Berinerit	Privigen	Prialt	Revatio	
Cinryze	Rhogam		sildenafil citrate	
Kalbitor	Rhogam Plus	MULTIPLE SCLEROSIS	Veletri	
Ruconest	Rhophylac	Lemtrada		
	Varizig	Tysabri	RESPIRATORY	
HORMONAL	WinRho SDF		CONDITIONS	
SUPPLEMENTATION		OSTEOARTHRITIS	Aralast NP	
Aveed	INFLAMMATORY	Euflexxa	Glassia	
Makena	CONDITIONS	Gel-One	Prolastin C	
Testopel	Actemra	Gelsyn-3	Zemaira	
	Benlysta	Genvisc 850		
IMMUNE SERUMS	Entyvio	Hyalgan	RSV PREVENTION	
Bivigam	Ilaris	Hymovis	Synagis	
Carimune NF	Orencia	Monovisc		
Cytogam	Remicade	Orthovisc	TRANSPLANT	
Flebogamma DIF	Simponi Aria	Supartz	Atgam	
Gamastan S-D		Supartz FX	Cellcept	
Gammagard Liquid	IRON TOXICITY	Synvisc	cyclosporine	
Gammagard S-D	deferoxamine mesylate	Synvisc-One	Nulojix	
Gammaked	Desferal		Prograf	
Gammaplex	MISC CONDITIONS	PAIN	Sandimmune	
Gamunex	Botox	Qutenza	Simulect	
Gamunex-C	Botox Cosmetic		Thymoglobulin	
Hepagam B				

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

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

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (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 customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

Armenian

Ձեր իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowół t'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bé'esh bee hane'í bikáá' áájí' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bé'esh bee hane'í bikáá' áájí' hodiilnih. (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 (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>.