

# 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.

<b>ANTICOAGULANT</b>	Cyramza	Istodax	Velcade	Cerezyme
Refludan	cytarabine	Ixempra	Vidaza	Elaprase
<b>BLOOD MODIFYING</b>	dacarbazine	Jevtana	vinblastine sulfate	Elelyso
Ceprotrin	Dacogen	Kadcyla	Vincasar PFS	Fabrazyme
Soliris	dactinomycin	Kepivance	vincristine sulfate	Kanuma
<b>BONE CONDITIONS</b>	Darzalex	Keytruda	vinorelbine tartrate	Lumizyme
Boniva	daunorubicin hcl	Kyprolis	Voraxaze	Myozyme
ibandronate sodium	daunoxome	Lartruvo	Vyxeos Liposome	Naglazyme
Miacalcin	decitabine	levoleucovorin calcium	Xofigo	Vimizim
pamidronate disodium	Depocyt	Lipodox	Yervoy	Vpriv
Prolia	dexrazoxane	Marqibo	Yondelis	<b>EYE CONDITIONS</b>
Reclast	Docefrez	melphalan hcl	Zaltrap	Amvisc
Xgeva	docetaxel	mitomycin	Zanosar	Amvisc Plus
zoledronic acid	Doxil	mitoxantrone	Zevalin	Eylea
Zometa	doxorubicin hcl	Mustargen	Zinecard	Iluvien
	doxorubicin hcl	Mylotarg	Zoladex	Jetrea
	liposomal	Navelbine	<b>CANCER/ENDOCRINE DISORDERS</b>	Lucentis
<b>CANCER</b>	Elitek	Nipent	Lupron Depot	Macugen
Abraxane	Ellence	Oncaspar	Lupron Depot-Ped	Ozurdex
Adcetris	Eloxatin	Onivyde	Supprelin LA	Provisc
adriamycin	Elspar	Opdivo	Vantas	Retisert
Adrucil	Empliciti	oxaliplatin	Hydroxyprogesterone Caproate	Visudyne
Alimta	epirubicin hcl	paclitaxel	<b>CHEMICAL DEPENDENCE</b>	<b>GI DISORDERS</b>
Aliqopa	Erbitux	pentostatin	Vivitrol	Solesta
Alkeran	Erwinaze	Perjeta		<b>GOUT</b>
amifostine	Ethyol	Photofrin		Krystexxa
Arranon	Etopophos	Portrazza	<b>CONTRACEPTIVES</b>	<b>HEART DISEASE</b>
Arzerra	etoposide	Proleukin	Implanon	Natreacor
Avastin	Evomela	Provence	Kyleena	<b>HEMOPHILIA</b>
azacitidine	Faslodex	Rituxan	Liletta	Advate
Bavencio	Firmagon	Synribo	Mirena	Advate H
Beleodaq	floxuridine	taxotere	Nexplanon	Advate L
Bendeka	fludarabine phosphate	temodar	Skyla	Advate M
Besponsa	fluorouracil	teniposide	<b>DIAGNOSTIC AIDS</b>	Advate SH
Bexxar	Folotyn	Tepadina	Thyrogen	Advate UH
Bicnu	Fusilev	Theracys		Adynovate
bleomycin sulfate	Gazyva	Thiotepa	<b>ENDOCRINE DISORDERS</b>	Alphanate
Blincyto	gemcitabine hcl	Tice Bcg	Parsabiv	Alphanine SD
Busulfex	Gemzar	Toposar	Sandostatin LAR Depot	Alprolix
Campath	Halaven	topotecan hcl	Somatuline Depot	Bebulin
Camptosar	Herceptin	Torisel	<b>ENZYME DEFICIENCIES</b>	Benefix
carboplatin	Hycamtin	Totect	Adagen	Coagadex
cerubidine	idamycin PFS	Treanda	Aldurazyme	Corifact
cisplatin	idarubicin hcl	Trelstar LA		Eloctate
cladribine	Ifex	Triptodur		Feiba NF
clofarabine	ifosfamide	Trisenox		
Clolar	ifosfamide-mesna	Unituxin		
Cosmegen	Imfinzi	Valstar		
cyclophosphamide	irinotecan hcl	Vectibix		

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And Its Affiliate HealthKeepers, Inc.

Helixate FS	Testopel	<b>INFLAMMATORY CONDITIONS</b>	<b>MULTIPLE SCLEROSIS</b>	Velettri
Hemofil-M	<b>IMMUNE SERUMS</b>	Actemra	Lemtrada	<b>RESPIRATORY CONDITIONS</b>
Humate-P	Bivigam	Benlysta	Ocrevus	Aralast NP
Idelvion	Carimune NF	Entyvio	Tysabri	Glassia
Ixinity	Cytogam	Ilaris	<b>OSTEOARTHRITIS</b>	Prolastin C
Koate-DVI	Flebogamma DIF	Inflectra	Euflexxa	Zemaira
Kogenate FS	Gamastan S-D	Orencia	Gel-One	
Kovaltry	Gammagard Liquid	Remicade	Gelsyn-3	<b>RSV PREVENTION</b>
Monoclata-P	Gammagard S-D	Renflexis	Genvisc 850	Synagis
Mononine	Gammaked	Simponi Aria	Hyalgan	
Novoeight	Gammaplex	Stelara	Hymovis	<b>TRANSPLANT</b>
Novoseven RT	Gamunex	<b>IRON TOXICITY</b>	Monovisc	Atgam
Nuwiq	Gamunex-C	deferoxamine mesylate	Orthovisc	Cellcept
Obizur	Hepagam B	Desferal	Supartz	cyclosporine
Profilnine SD	Hizentra	<b>MISC CONDITIONS</b>	Supartz FX	mycophenolate mofetil
Recombinate	Hyperhep B S-D	Botox	Synvisc	Nulojix
Riastap	Hyperrab S-D	Botox Cosmetic	Synvisc-One	Prograf
Rixubis	Hyperrho S-D	Dysport	Zilretta	Sandimmune
Tretten	Hyqvia	Myobloc	<b>PAIN</b>	Simulect
Wilate	Imogam Rabies-HT	Sylvant	Qutenza	Thymoglobulin
Xyntha	MicRhogam	Xeomin	<b>PAIN/CRAMPS</b>	<b>VIRAL INFECTIONS</b>
Xyntha Solofuse	MicRhogam Plus	Xiaflex	Gablofen	Alferon N
<b>HEREDIATARY ANGIOEDEMA</b>	Nabi-HB	<b>MISC SPECIALTY CONDITIONS</b>	Lioresal	cidofovir
Berinerit	Octagam	Cinqair	<b>PULMONARY HYPERTENSION</b>	Cytovene
Cinryze	Privigen	Defitelio	epoprostenol sodium	foscarnet sodium
Kalbitor	Rhogam	Exondys51	Flolan	Foscavir
Ruconest	Rhogam Plus	Prialt	Remodulin	ganciclovir sodium
<b>HORMONAL SUPPLEMENTATION</b>	Rhophylac	Radicava	Revatio	Retrovir
Aveed	Varizig	Spinraza	sildenafil citrate	Vistide
Makena	WinRho SDF			

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](http://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 ਸੇਵਾ ਸੰਖਿਆ 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' áá'j'í' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bé'esh bee hane'í bikáá' áá'j'í' 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>.