

# 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.

## ANTIHEMOPHILIC FACTORS AND CLOTTING FACTORS

Advate  
Advate H  
Advate L  
Advate M  
Advate SH  
Advate UH  
Adynovate  
Afstyla  
Alphanate  
Alphanine SD  
Alprolix  
Bebulin  
Benefix  
Coagadex  
Corifact  
Eloctate  
Feiba NF  
Fibryga  
Helixate FS  
Hemlibra  
Hemofil-M  
Humate-P  
Idelvion  
Ixinity  
Jivi  
Koate-DVI  
Kogenate FS  
Kovaltry  
Monoclate-P  
Mononine  
Novoeight  
Novoseven RT  
Nuwiq  
Obizur  
Profilnine SD  
Rebinyn  
Recombinate  
Riastap  
Rixubis  
Tretten  
Vonvendi  
Wilate  
Xyntha  
Xyntha Solofuse

## ASTHMA

Cinqair  
Fasenra  
Nucala  
Xolair

## BLOOD MODIFYING

Ceprotrin  
Soliris  
Ultomiris

## BONE CONDITIONS

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

## CANCER

Abraxane  
Adcetris  
adriamycin  
Adrucil  
Alimta  
Aliqopa  
Alkeran  
amifostine  
Arranon  
Arsenic Trioxide  
Arzerra  
Avastin  
azacitidine  
Azedra  
Bavencio  
Beleodaq  
Belrapzo  
Bendamustine  
Bendeka  
Besponsa  
Bicnu  
Bleo 15k  
bleomycin sulfate  
Blincyto  
bortezomib

Busulfan  
Busulfex  
Campath  
Camptosar  
carboplatin  
carmustine  
cisplatin  
cladribine  
clofarabine  
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  
Elzonris  
Empliciti  
epirubicin hcl  
Erbitux  
Erwinaze  
Ethyol  
Etopophos  
etoposide  
Evomela  
Faslodex  
Firmagon  
floxuridine  
fludarabine phosphate  
fluorouracil

Folotyn  
fulvestrant  
Fusilev  
Gazyva  
gemcitabine hcl  
Gemzar  
Halaven  
Herceptin  
Hycamtin  
idamycin PFS  
idarubicin hcl  
Ifex  
ifosfamide  
ifosfamide-mesna  
Imfinzi  
Imlygic  
Infugem  
irinotecan hcl  
Istodax  
Ixempra  
Jevtana  
Kadcyla  
Kepivance  
Keytruda  
Khapzory  
Kyprolis  
Lartruvo  
levoleucovorin calcium  
Libtayo  
Lipodox  
Lumoxiti  
Lutathera  
Marqibo  
melphalan hcl  
mitomycin  
mitoxantrone  
Mustargen  
Mutamycin  
Mylotarg  
Navelbine  
Nipent  
Oncaspar  
Onivyde  
Opdivo  
oxaliplatin  
paclitaxel  
pentostatin

Perjeta  
Photofrin  
Poteligeo  
Portrazza  
Proleukin  
Provenge  
Rituxan  
Rituxan Hycela  
Romidepsin  
Synribo  
taxotere  
Tecentriq  
Temodar  
temsirolimus  
teniposide  
Tepadina  
Theracys  
Thiotepa  
Tice Bcg  
Toposar  
topotecan hcl  
Torisel  
Totect  
Treanda  
Trelstar LA  
Triptodur  
Trisenox  
Unituxin  
Valstar  
Vectibix  
Velcade  
Vidaza  
vinblastine sulfate  
Vincasar PFS  
vincristine sulfate  
vinorelbine tartrate  
Voraxaze  
Vyxeos Liposome  
Xofigo  
Yervoy  
Yondelis  
Zaltrap  
Zanosar  
Zevalin  
Zincard  
Zoladex

# Specialty drugs not covered under the pharmacy benefit

## **CANCER/ENDOCRINE DISORDERS**

Eligard  
hydroxyprogesterone Caproate  
Lupron Depot  
Lupron Depot-Ped  
Supprelin LA  
Vantas

## **CHEMICAL DEPENDENCE**

Vivitrol  
Sublocade

## **CONTRACEPTIVES**

Kyleena  
Liletta  
Mirena  
Nexplanon  
Skyla

## **DIAGNOSTIC AIDS**

Thyrogen

## **ENDOCRINE DISORDERS**

Parsabiv  
Sandostatin LAR Depot  
Somatuline Depot

## **ENZYME DEFICIENCIES**

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

## **EYE CONDITIONS**

Amvisc  
Amvisc Plus  
Biolon  
Eylea  
Healon  
Healon GV  
Healon5  
Iluvien  
Jetrea  
Lucentis  
Macugen  
Ozurdex  
Provisc  
Retisert  
Visudyne  
Yutiq

## **GI DISORDERS**

Solesta

## **GOUT**

Krystexxa

## **HEART DISEASE**

Natrecor

## **HEREDIATARY ANGIOEDEMA**

Berinert  
Cinryze  
Kalbitor  
Ruconest

## **HORMONAL SUPPLEMENTATION**

Aveed  
Makena  
Testopel

## **IMMUNE SERUMS**

Bivigam  
Carimune NF  
Cuvitru  
Cytogam  
Flebogamma DIF  
Gamastan S-D  
Gammagard Liquid

Gammagard S-D

Gammaked  
Gammalex  
Gamunex  
Gamunex-C  
Hepagam B  
Hizentra  
Hyperhep B S-D  
Hyperrab S-D  
Hyperrho S-D  
Hyqvia  
Imogam Rabies-HT  
Kedrab  
MicRhogam  
MicRhogam Plus  
Nabi-HB  
Octagam  
Panzyga  
Privigen  
Rhogam  
Rhogam Plus  
Rhophylac  
Varizig  
WinRho SDF

## **INFLAMMATORY CONDITIONS**

Actemra  
Benlysta (IV Infusion)  
Entyvio  
Ilaris  
Ilumya  
Inflectra  
Orencia  
Remicade  
Renflexis  
Simponi Aria  
Stelara (IV Infusion)

## **IRON TOXICITY**

deferoxamine mesylate  
Desferal

## **MEDICAL ONLY**

Carticel  
Maci  
Nuzyra

## **MISC SPECIALTY CONDITIONS**

Crysvita  
Defitelio  
Exondys51  
Gamifant  
Onpattro  
Prialt  
Radicava  
Spinraza  
Spravato  
Sylvant  
Xiaflex

## **MULTIPLE SCLEROSIS**

Lemtrada  
Ocrevus  
Tysabri

## **NEUROMUSCULAR CONDITIONS**

Botox  
Botox Cosmetic  
Dysport  
Myobloc  
Xeomin

## **OSTEOARTHRITIS**

Durolane  
Euflexxa  
Gel-One  
Gelsyn-3  
Genvisc 850  
Hyalgan  
Hymovis  
Monovisc  
Orthovisc  
Supartz  
Supartz FX  
Synvisc  
Synvisc-One  
Trivisc  
Visco-3  
Zilretta

## **PAIN**

Qutenza

## **PAIN/CRAMPS**

Baclofen  
Gablofen  
Lioresal

## **PULMONARY HYPERTENSION**

epoprostenol sodium  
Flolan  
Remodulin  
Revatio  
sildenafil citrate  
treprostinil  
Veletri

## **RESPIRATORY CONDITIONS**

Aralast NP  
Glassia  
Prolastin C  
Zemaira

## **RSV PREVENTION**

Synagis

## **TRANSPLANT**

Atgam  
Cellcept  
cyclosporine  
mycophenolate mofetil  
Nulojix  
Prograf  
Sandimmune  
Simulect  
Thymoglobulin

## **VIRAL INFECTIONS**

Alferon N  
cidofovir  
Cytovene  
foscarnet sodium  
Foscavir  
ganciclovir sodium  
Prevymis  
Retrovir  
Trogarzo  
Vistide

# Specialty drugs not covered under the pharmacy benefit

## Disclaimer/note/source:

1 This list does not include all maintenance drugs and is not a guarantee of benefits. Please check your drug list for coverage.

Generic drugs are lower case and trade/brand name drugs are capitalized.

Some medications, like Insulin Needles, are listed as a category and not with a specific brand or generic name.

Over-the-counter drugs are not included on this list.

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

For more information about your benefits or to get started with home delivery, you can go to [empireblue.com](http://empireblue.com) or call Member Services at the phone number on your member ID card.

Members who are speech- or hearing-impaired should call 1-800-221-6915 (TDD/TTY), Monday to Friday, 8:30 a.m. to 5 p.m., Eastern time.

# 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'doowó 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>.