

Provider Medical Specialty Pharmacy Drug List



If covered by your plan's drug list, the exclusive specialty drugs below will require you to go to a network specialty pharmacy to fill your prescription. For an up-to-date list of drugs covered by your plan, log in at or call the Pharmacy Member Services number on your ID card.

An Anthem Company

Below is a list of Specialty Pharmacy drugs that **cannot** be dispensed by a home infusion provider under the medical benefit. These drugs must be dispensed by a Specialty Pharmacy. Anthem's designated Specialty Pharmacy provider under the medical benefit is CVS Specialty.

ANTICOAGULANT	Vantas	Alphanine SD / Mononine	Hep B Immune Globulin (Human)	*Exondys51
Fondaparinux Sodium	*Vyxeos	Alprolix	HyperRab S-D / Imogam Rabies-HT	Myobloc
ANTI-INFECTIVE	Zaltrap	Bebulin / Profilnine	Rho(D) Immune Globulin (RhIg), human, for intramuscular use	*Radicava
Pentamidine Isethionate	Zevalin	Coagadex	Rho(D) Immune Globulin (RhIgIV), human, for intravenous use	*Spinraza
	Zoladex	Corifact		Xeomin
ASTHMA	CHEMICAL DEPENDENCE	Eloctate	INFERTILITY	OPHTHALMIC CONDITIONS
Fasenra	*Sublocade	Factor IX (Recombinant)	Bravelle	Eylea
Nucala	Vivitrol	Factor VIII (Human)	Chorionic Gonadotropin	Iluvien / Retisert
Xolair		Factor VIII (Recombinant)	Follistim AQ	Jetrea
BLOOD CELL DEFICIENCY	CNS/AUTONOMIC DISORDERS	Factor VIII/VWF Complex	Follitropin Alfa	Lucentis
Mozobil	Acthar H.P.	Feiba NF	Ganirelix Acetate	Macugen
Neumega		Fibryga	Leuprolide Acetate	Ozurdex
BLOOD MODIFYING	CONTRACEPTIVES	Hemlibra	Menopur / Repronex	Visudyne
Antithrombin (Human)	Nexplanon	Idelvion		OSTEOARTHRITIS
Antithrombin (Human) (Recombinant)	Levonorgestrel (IUD)	Novoseven RT		Durolane
Ceprotin	Medroxyprogesterone (contraceptive)	Nuwiq		Euflexxa
BONE CONDITIONS	CYSTIC FIBROSIS	Obizur		Gel-One
Prolia	Pulmozyme	Rebinyn		Genvisc 850
Xgeva	Tobramycin Inh.	Riastap		Gel-Syn
CANCER	ENDOCRINE DISORDERS	Tretten		Hyalgan
Actimmune	Aveed	Vonvendi		Monovisc
Depocyt	Leuprolide Acetate	Xyntha / Xyntha Solofuse		Orthovisc
Elitek	Signifor LAR	HEPATITIS C		Supartz
Faslodex	Somatuline Depot	Pegasys / Pegasys Proclick		Synvisc
Firmagon	Supprelin LA	Peg-Intron		Synvisc-One
*Imlygic	Testopel			Trivisc
*Imfinzi	ENZYME DEFICIENCIES			Hymovis
Leucovorin Calcium Inj	Adagen			*Zilretta
Leuprolide Acetate	*Mepsevii			OSTEOPOROSIS
Medroxyprogesterone acetate (antineoplastic)	GROWTH DEFICIENCY			Forteo
Mitomycin	Increlex			Miacalcin
Provenge	HEART DISEASE			Prolia
Radium ra-223 dichloride, therapeutic	Natrecor			Xgeva
Synribo	HEMOPHILIA†			PAIN/INFLAMMATION
Theracys/Tice BCG	Adynovate			Qutenza
Trelstar LA	Afstyla			PARKINSONS DISEASE
*Tryptodur				Apokyn
Valstar				PULMONARY HYPERTENSION
				Tyvaso
				Ventavis

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Provider Medical Specialty Pharmacy Drug List



An Anthem Company

URINARY DISORDERS

Dimethyl Sulfoxide

VIRAL INFECTIONS

Alferon N

This page is intentionally blank.

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' hodiílnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bé'esh bee hane'í bikáá' áájí' hodiílnih. (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>.