

Provider Medical Specialty Pharmacy Drug List



An Anthem Company

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 empireblue.com or call the Pharmacy Member Services number on your ID card.

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	Valstar	Coagadex	Rho(D) Immune Globulin (Rhlg), human, for intramuscular use	OPHTHALMIC CONDITIONS
Fondaparinux Sodium	Vantas	Corifact	Rho(D) Immune Globulin (RhlgIV), human, for intravenous use	Eylea
ANTI-INFECTIVE	Zaltrap	Eloctate		Iluvien / Retisert
Pentamidine Isethionate	Zevalin	Factor IX (Recombinant)		Jetrea
	Zoladex	Factor VIII (Human)		Lucentis
ASTHMA	CHEMICAL DEPENDENCE	Factor VIII (Recombinant)		Macugen
Fasenra	*Sublocade	Factor VIII/VWF Complex	INFERTILITY	Ozurdex
Nucala	Vivitrol	Factor VIII/VWF Complex	Bravelle	Visudyne
Xolair		Feiba NF	Chorionic Gonadotropin	
BLOOD CELL DEFICIENCY	CNS/AUTONOMIC DISORDERS	Fibryga	Follistim AQ	OSTEOARTHRITIS
Mozobil	Acthar H.P.	Hemlibra	Follitropin Alfa	Durolane
Neumega		Idelvion	Ganirelix Acetate	Euflexxa
	CONTRACEPTIVES	Jivi	Leuprolide Acetate	Gel-One
BLOOD MODIFYING	Nexplanon	Novoseven RT	Menopur / Repronex	Genvisc 850
Antithrombin (Human)	Levonorgestrel (IUD)	Nuwiq		Gel-Syn
Antithrombin (Human) (Recombinant)	Medroxyprogesterone (contraceptive)	Obizur	INFLAMMATORY CONDITIONS	Hyalgan
Ceprotrin		Rebinyn	Alefacept	Monovisc
	CYSTIC FIBROSIS	Riastap	Arcalyst	Orthovisc
BONE CONDITIONS	Pulmozyme	Tretten	Benlysta	Supartz
Prolia	Tobramycin Inh.	Vonvendi	Cimzia	Synvisc
Xgeva		Xyntha / Xyntha Solofuse	Enbrel	Synvisc-One
	ENDOCRINE DISORDERS		Ilaris	Trivisc
CANCER	Aveed	HEPATITIS C		Hymovis
Actimmune	Leuprolide Acetate	Pegasys / Pegasys Proclick	MISCELLANEOUS SPECIALTY CONDITIONS	*Zilretta
Depocyt	Signifor LAR	Peg-Intron	*Crysvita	OSTEOPOROSIS
Elitek	Somatuline Depot		*Luxturna	Forteo
Faslodex	Supprelin LA	HEREDITARY ANGIOEDEMA		Miacalcin
Firmagon	Testopel	*Haegarda	MULTIPLE SCLEROSIS	Prolia
*Imlygic			Avonex	Xgeva
Leucovorin Calcium Inj	ENZYME DEFICIENCIES	HIV	Betaseron / Extavia	PAIN/INFLAMMATION
Leuprolide Acetate	Adagen	Fuzeon	Rebif / Rebif Rebidose	Qutenza
Medroxyprogesterone acetate (antineoplastic)	GROWTH DEFICIENCY	Retrovir		PARKINSONS DISEASE
Mitomycin	Increlex	HORMONAL	MUSCULOSKELETAL	Apokyn
Provenge	HEART DISEASE	Caverject Impulse	Miacalcin	PULMONARY HYPERTENSION
Radium ra-223 dichloride, therapeutic	Natrecor	Thyrogen	*Xiaflex	Tyvaso
Synribo	[HEMOPHILIA]†	IMMUNE DEFICIENCY	NEUROMUSCULAR	Ventavis
Theracys/Tice BCG	Adynovate	Cytogam	Botox	
Bcg live intravesical 1 mg	Afstyla	Hep B Immune Globulin (Human)	Botox Cosmetic	URINARY DISORDERS
Trelstar LA	Alphanine SD / Mononine	HyperRab S-D / Imogam Rabies-HT	Dysport	Dimethyl Sulfoxide
*Triptodur	Alprolix		*Exondys51	
	Bebutin / Profilnine		Myobloc	VIRAL INFECTIONS
			*Spinraza	Alferon N
			Xeomin	

†Factor products may still be provided by Hemophilia Treatment Centers.

*Limited Distribution Drugs.

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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 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 ਸਰਵਿਸਿਜ਼ 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 béésh bee hane'í bikáá' áájí' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh 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>.