

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



And Its Affiliate HealthKeepers, Inc.

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

Please note that this list is effective on 2/1/19 for ME CT NH CO and NV.

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

*Limited Distribution Drugs.

Provider Medical Specialty Pharmacy Drug List



And Its Affiliate HealthKeepers, Inc.

Disclaimer/note/source:

1 Express Scripts is a separate company that manages pharmacy services and benefits on behalf of health plan members.

2 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 anthem.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.

Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem Blue Cross and Blue Shield and its affiliate HealthKeepers, Inc. are independent licensees of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

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 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>.