

# Specialty drugs not covered under the medical benefit

This is a list of self-administered specialty drugs not covered under the medical benefit for certain groups. Members should talk with the prescribing physician about determination of coverage under the member's pharmacy benefit.

## **BONE CONDITIONS**

Forteo

## **CANCER**

Actimmune  
Alkeran  
capecitabine  
cyclophosphamide  
etoposide  
Gleevec  
Hycamtin  
imatinib mesylate  
Iressa  
Matulane  
methotrexate sodium  
Myleran  
Temodar  
temozolomide  
Xeloda

## **GROWTH HORMONES**

Genotropin  
Humatrope  
Increlex  
Norditropin  
Norditropin FlexPro  
Norditropin NordiFlex  
Nutropin  
Nutropin AQ  
Nutropin AQ Nuspin  
Omnitrope  
Saizen  
Serostim  
Tev-Tropin  
Zomacton  
Zorbtive

## **HEPATITIS**

Pegasys  
Pegasys Proclick

peginterferon  
PegIntron

## **HIV/AIDS**

didanosine  
Fuzeon  
Retrovir  
Videx  
Videx EC  
zidovudine

## **INFERTILITY**

Bravelle  
chorionic gonadotropin  
Follistim AQ  
Ganirelix Acetate  
Gonal-F  
Gonal-F-RFF  
Gonal-F-RFF Redi-Ject  
Menopur

Novarel  
Pregnyl  
Repronex

## **INFLAMMATORY CONDITIONS**

Arcalyst  
Cimzia  
Enbrel  
Humira  
Humira Pediatric  
Stelara (SQ Injection)  
Tremfya

## **MISCELLANEOUS SPECIALTY CONDITIONS**

Apokyn

## **MULTIPLE SCLEROSIS**

Avonex

Avonex Pen  
Betaseron  
Copaxone  
Extavia  
Glatopa  
Rebif  
Rebif Rebidose

## **PULMONARY HYPERTENSION**

Tyvaso  
Ventavis

## **RESPIRATORY CONDITIONS**

Bethkis  
Kitabis Pak  
Pulmozyme  
tobramycin sulfate (generic TOBI)

### 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 [anthem.com](http://anthem.com) or call Pharmacy 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'ehji 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>.