

Home Infusion Therapy Exclusion List



For information on how to receive a medication from this list or for any other information, call the Pharmacy Member Services number on your ID card.

ANTICOAGULANT
Fondaparinux Sodium

ANTI-INFECTIVE
Pentamidine Isethionate

BLOOD CELL DEFICIENCY
Mozobil
Neumega

BLOOD MODIFYING
Antithrombin (Human)
Antithrombin (Human) (Recombinant)
Ceprotin

CANCER
Actimmune
Depocyt
Elitek
Faslodex
Firmagon
*Imlygic
Leucovorin Calcium Inj
Medroxyprogesterone acetate (antineoplastic)
Mitomycin
Provenge
Radium ra-223 dichloride, therapeutic
Synribo
Theracys/Tice BCG
Bcg live intravesical 1 mg
*Triptodur
Valstar
Vantas
Zaltrap
Zevalin
Zoladex

CHEMICAL DEPENDENCE
*Sublocade
Vivitrol

CONTRACEPTIVES
Nexplanon
Levonorgestrel (IUD)
Medroxyprogesterone (contraceptive)

CYSTIC FIBROSIS
Pulmozyme
Tobramycin Inh.

ENDOCRINE DISORDERS
Aveed
Leuprolide Acetate
Signifor LAR
Supprelin LA
Testopel

ENZYME DEFICIENCIES
Adagen

GROWTH DEFICIENCY
Increlex

HEART DISEASE
Natreacor
[HEMOPHILIA]†
Adynovate
Afstyla
Alphanine SD / Mononine
Alprolix
Bebulin / Profilnine
Coagadex
Corifact
Eloctate
Factor IX (Recombinant)
Factor VIII (Human)
Factor VIII (Recombinant)

Factor VIII/VWF Complex
Feiba NF
Fibryga
Hemlibra
Idelvion
Jivi
Novoseven RT
Nuwiq
Obizur
Rebinyn
Riastap
Tretten
Vonvendi
Xyntha / Xyntha Solofuse

HEPATITIS C
Pegasys / Pegasys Proclick
Peg-Intron

HIV
Fuzeon
Retrovir

HORMONAL
Caverject Impulse
Thyrogen

IMMUNE DEFICIENCY
Cytogam
Hep B Immune Globulin (Human)
HyperRab S-D / Imogam Rabies-HT
Rho(D) Immune Globulin (Rhlg), human, for intramuscular use
Rho(D) Immune Globulin (RhlgIV), human, for intravenous use

INFERTILITY
Bravelle

Chorionic Gonadotropin
Follistim AQ
Follitropin Alfa
Ganirelix Acetate
Leuprolide Acetate
Menopur / Repronex

INFLAMMATORY CONDITIONS
Alefacept
Arcalyst
Cimzia
Enbrel
Ilaris

MISCELLANEOUS SPECIALTY CONDITIONS
*Luxturna

MULTIPLE SCLEROSIS
Avonex
Betaseron / Extavia
Rebif / Rebif Rebidose

MUSCULOSKELETAL
Miacalcin
*Xiaflex

NEUROMUSCULAR
*Amondys45
Botox
Botox Cosmetic
Dysport
*Exondys51
Myobloc
*Spinraza
Xeomin
*Vyondys53

OPHTHALMIC CONDITIONS
Eylea
Iluvien / Retisert
Jetrea

Lucentis
Macugen
Ozurdex
Visudyne
Yutiq

OSTEOARTHRITIS
Durolane
Euflexxa
Gel-One
Genvisc 850
Gel-Syn
Hyalgan
Monovisc
Orthovisc
Supartz
Synjoyn
Synvisc
Synvisc-One
Triluron
Trivisc
Hymovis
*Zilretta

OSTEOPOROSIS
Forteo
Miacalcin

PAIN/INFLAMMATION
Qutenza

PARKINSONS DISEASE
Apokyn

PULMONARY HYPERTENSION
Tyvaso
Ventavis

URINARY DISORDERS
Dimethyl Sulfoxide

VIRAL INFECTIONS
Alferon N

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.

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.

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

*Limited Distribution Drugs.

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

Դուք 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 ahóót'í t'áá ni nizaad k'eh'í níká a'doowó't'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dó'zingo nanitínígíí béc'sh bee hane'í bikáá' áá'j' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dó'zingo nanitínígíí béc'sh bee hane'í bikáá' áá'j' 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>.