

Home Infusion Therapy Exclusion List

Below is a list of specialty drugs that cannot be dispensed by a home infusion provider under the medical benefit. 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

Natrecor

[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

Rebinyin

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

Synojoynt

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

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

*Limited Distribution Drugs.

Home Infusion Therapy Exclusion List



An **Anthem** Company

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. Generics 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 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

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>.