BioPlus Exclusive Network Drug List

cisplatin

Clolar

Columvi

Cotellic

Cometriq

Cosmegen

cladribine

clofarabine

If covered by your plan's drug list, the drugs below will require you to go to BioPlus Specialty Pharmacy, a Carelon Company, 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.



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.

,				
AGENTS FOR SICKLE	Evenity	cyclophosphamide	Idhifa	Pedmark
CELL DISEASE	Forteo	cytarabine	lfex	pemetrexed
Endari	pamidronate disodium	dacarbazine	ifosfamide	Pemfexy
Siklos	Prolia	Dacogen	imatinib	Pemrydi Rtu
	Reclast	dactinomycin	Imdelltra	Perjeta
ALS AGENTS	teriparatide	Darzalex	Inlyta	Phesgo
Rilutek	Xgeva	dasatinib	Inrebic	Pigray
riluzole	zoledronic acid	Datroway	Intron A	Polivy
		Daunorubicin	irinotecan	Pomalyst
ANTIHEMOPHILIC	CANCER	Daurismo	Istodax	pralatrexate
PRODUCTS	abiraterone	decitabine	Itovebi	Proleukin
Advate	abirtega	dexrazoxane	Ixempra	Retevmo
Adynovate	Abraxane	docetaxel	Jaypirca	Revlimid
Afstyla	Adcetris	Docivyx	Jemperli	Riabni
Alhemo	adriamycin	Doxil	Jevtana	Rituxan/Hycela
Alphanate	adrucil	Doxorubicin	Kadcyla	Romidepsin
Alphanine SD	Afinitor	Elitek	Kanjinti	Rozlytrek
Alprolix	Alecensa	Ellence	Kepivance	Ruxience
Altuviiio	Alferon N	Elzonris	Keytruda	Rybrevant
Benefix	Alimta	Empliciti	Khapzory	Rydapt
Eloctate	Aliqopa	Enhertu	Kisqali	sorafenib
Feiba	Alkeran	epirubicin	Kisqali and Femara	Sprycel
Fibryga	Alymsys	Erbitux	Kyprolis	sunitinib
Hemlibra	Anktiva	eribulin	lapatinib	Sutent
Hemofil M	Arranon	Erivedge	lenalidomide	Tabrecta
Humate-P	arsenic trioxide	Erleada	Lenvima	Tafinlar
Idelvion	Augtyro	erlotinib	Loqtorzi	Talzenna
lxinity	Avastin	Ethyol	Lorbrena	Tarceva
Jivi	azacitidine	Etopophos	Lunsumio	Targretin
Koate	Beleodaq	etoposide	Margenza	Tasigna
Koate-DVI	Belrapzo	everolimus	Mekinist	Taxotere
Kogenate FS	Bendamustine	Fareston	Mektovi	Tecentriq
Kovaltry	Bendeka	Faslodex	melphalan	Tecentriq Hybreza
Mononine	Besponsa	Firmagon	mitomycin	Temodar
Novoeight	bexarotene	floxuridine	mitoxantrone	temozolomide
Novoseven Rt	bleomycin	Fludarabine	Mvasi	temsirolimus
Nuwiq	bortezomib	fluorouracil	Myleran	Tepadina
Profilnine	Bosulif	Folotyn	Mylotarg	Thalomid
Rebinyn	Braftovi	Frindovyx	nelarabine	thiotepa
Recombinate	busulfan	fulvestrant	Nilandron	Tice Bcg
Rixubis	Busulfex	Gavreto	nilotinib	toposar
Sevenfact	Cabometyx	Gazyva	nilutamide	topotecan
Tretten	Camptosar	gefitinib	Nipent	toremifene
Vonvendi	capecitabine	gemcitabine	Odomzo	Torisel
Wilate	carboplatin	Gleevec	Ogivri	torpenz
Xyntha/Xyntha Solofuse	carmustine	Gleostine	Ontruzant	Trazimera
	olenlatin	Llolovon	Onlikoa	Troopdo

Halaven

Hercessi

Herzuma

Hycamtin

idarubicin

Idamycin PFS

Ibrance

Herceptin/Hylecta

Onureg

Opdivo

Opdualag

oxaliplatin

paclitaxel

pazopanib

Panretin

Opdivo Qvantig

Treanda

Trelstar

Trisenox

Truxima

valrubicin

Tvkerb

Valstar

Vectibix

BLOOD CELL

DEFICIENCY

BONE DENSITY

REGULATORS

plerixafor

Bonsity

BioPlus Exclusive Network Drug List



Vegzelma Velcade Verzenio Vidaza vinblastine vincasar PFS vincristine vinorelbine Vivimusta Vizimpro Votrient Vyvgart/Hytrulo

Xalkori Xeloda Xolair Xtandi Yervoy Yondelis Yonsa Zaltrap Zelboraf Zirabev Zoladex Zolinza Zykadia

CMV AGENTS

Zytiga

ganciclovir Prevymis Cytovene

DERMATOLOGICAL CONDITIONS

Bimzelx Nexobrid **Outenza**

DIAGNOSTIC AGENTS

Thyrogen

ENDOCRINE DISORDERS Bynfezia

Kuvan Lanreotide Acetate Lupaneta Pack nitisinone octreotide acetate Sandostatin/LAR Supprelin LA

ENZYME DEFICIENCY

Aldurazyme Cerdelga Cerezyme Elaprase Elelyso

Fabrazyme Kanuma Lumizyme miglustat Naglazyme Nexviazyme sapropterin Xenpozyme yargesa

GENITOURINARY

AGENTS tiopronin/dr

GROWTH HORMONES

Genotropin Humatrope Ngenla Norditropin Flexpro Nutropin AQ **Omnitrope** Skytrofa Sogroya Zomacton

HEMATOLOGICAL

AGENTS Panhematin

HEMATOPOIETIC GROWTH FACTORS

Alvaiz Aranesp eltrombopag Epogen Fulphila **FyInetra** Granix Jesduvrog Leukine Mulpleta Neulasta/Onpro Neupogen Nivestym **Nplate** Nyvepria Procrit Promacta Reblozyl Releuko Retacrit Rolvedon Stimufend Udenyca/Onbody Zarxio

HEPATITIS AGENTS

adefovir dipivoxil

Epclusa Harvoni

Ledipasvir/Sofosbuvir

Mayvret Pegintron ribavirin

Sofosbuvir/Velpatasvir Sovaldi

Vemlidy Vosevi Zepatier

HEREDITARY ANGIOEDEMA

icatibant acetate

IMMUNE SERUMS

Asceniv Bivigam Cutaquig Cuvitru Cytogam Gamastan Gammagard Gammagard S/D Gammaked Gammaplex Gamunex-C Hepagam B Hizentra Hyperhep B Hyperrab Hyperrab S/D Hyperrho S/D Imogam Rabies-Ht Kedrab Micrhogam Plus Nabi-Hb Octagam Panzyga Privigen Rhogam Plus Rhophylac Varizig Winrho SDF

Alyglo

Xembify

AGENTS

Atgam Cellcept ini cyclosporine inj Enspryng mycophenolate mofetil inj

Prograf ini Sandimmune inj Thymoglobulin

INFLAMMATORY CONDITIONS

Abrilada Actemra Adalimumab-Aacf Adalimumab-Aaty Adalimumab-Adaz Adalimumab-Adbm Adalimumab-Fkjp Adalimumab-Ryvk

Adbry Amjevita Avsola Bimzelx Cibingo Cimzia Cosentyx Cyltezo Dupixent Ebglyss Enbrel Entyvio Hadlima Hulio Humira Hyrimoz Idacio Ilaris Ilumya Inflectra Infliximab Kevzara methoxsalen Nemluvio **Olumiant**

IMMUNODEFICIENCY

IMMUNOSUPPRESSIVE

Rasuvo Remicade Renflexis Rinvoq Selarsdi Siliq Simlandi Simponi Simponi Aria Skyrizi Sotyktu Stelara

Steqeyma

Omvoh

Orencia

Otrexup

Pyzchiva

Otezla

Otulfi

Taltz Tremfya Tyenne Ústekinumab Ustekinumab-Aekn Ustekinumab-Ttwe Velsipity Wezlana Xeljanz/XR Yesintek Yuflyma Yusimry Zymfentra

IRON TOXICITY

deferasirox deferiprone deferoxamine Desferal Exjade

Jadenu/Jadenu Sprinkle

IRON Feraheme Ferrlecit ferumoxytol Infed Injectafer Monoferric

sodium ferric gluconate complex/sucrose

Venofer

MISCELLANEOUS SPECIALTY

CONDITIONS apomorphine Austedo Austedo/XR clovique Cuprimine dichlorphenamide droxidopa hydroxyprogesterone caproate Hyqvia Kisunla Krystexxa Myobloc penicillamine Pulmozyme Samsca Soliris Sylvant Syprine

tasimelteon

tolvaptan

tetrabenazine

BioPlus Exclusive Network Drug List



trientine Ultomiris Xeomin

AGENTS

Aubagio

Avonex

Bafiertam

Betaseron

Copaxone

dalfampridine er

dimethyl fumarate

Briumvi

MULTIPLE SCLEROSIS

Extavia fingolimod Gilenya

ilenya atiramar agatata

glatiramer acetate glatopa Kesimpta Mavenclad Mayzent Ocrevus Plegridy Ponvory Rebif Tecfidera teriflunomide Vumerity Zeposia

Beovu

Lucentis

Adcirca

alyq

Ligrev

Revatio

sildenafil

PULMONARY

HYPERTENSION

tadalafil Tadliq

RESPIRATORY CONDITIONS

Aralast NP
Bethkis
Esbriet
Glassia
Kitabis
pirfenidone
Prolastin-C
Tezspire
Tobi/Podhaler

tobramycin (TOBI) Xolair

Zemaira

RSV PREVENTION Beyfortus

SICKLE CELL DISEASE I-glutamine Xromi

STEM CELL MOBILIZERS Mozobil plerixafor

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 <u>anthem.com</u>, 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.

OPHTHALMIC AGENTS

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkscess. In Connecticut. Anthem Health Plans of Kentucky, Inc. In Mainer.

Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE* Managed Care, Inc. (RIT), Health Alliance* Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates and provide administerative services for self-funded plans and do not underwritte benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: 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 Virenna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWII), underwrites or administers PO and indemnity policies and underwrites to administers PO and indemnity policies and underwrites or administers Well Priority HMO or POS policies; (MCIC). Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Compansion. Independent Licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Compansion.

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 مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (711:TDD/TTY)

Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվձար 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 ਮੁਫ਼ਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navaio

Bee ná ahóót'i' t'áá ni nizaad k'eh jí níká a'doowoł t'áá jíík'e. Naaltsoos bee atah nílínígíí bee néého'dólzingo nanitinígíí béésh bee hane'í bikáá' áa ji' hodíílnih. Naaltsoos bee atah nílínígíí bee néého'dólzingo nanitinígíí béésh bee hane'í bikáá' áa ji' hodíílnih. (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 https://www.hhs.gov/ocr/office/file/index.html.