

# 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](http://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'dólzingo nanitínígíí béc'sh bee hane'í bikáá' áá'j' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo 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>.