## Specialty drugs not covered under the medical benefit



This is a list of clinician-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 INFERTILITY

Forteo Bravelle

chorionic gonadotropin
CANCER Follistim AQ
Actimmune Ganirelix Acetate
Alkeran Gonal-F
capecitabine Gonal-F-RFF

cyclophosphamide Gonal-F-RFF Redi-Ject

etoposide Menopur Gleevec Novarel Hycamtin Pregnyl imatinib mesylate Repronex

Iressa Matulane

Matulane INFLAMMATORY
methotrexate sodium CONDITIONS
Myleran Arcalyst
Temodar Enbrel
temozolomide Humira

Xeloda Humira Pediatric Stelara (SQ Injection)

Tremfya

Tyvaso

Ventavis

**GROWTH HORMONES** 

Genotropin
Humatrope
Increlex
Norditropin
Norditropin FlexPro

MISCELLANEOUS
SPECIALTY
CONDITIONS
Apokyn

Norditropin FlexPro Norditropin NordiFlex

Nutropin **MULTIPLE SCLEROSIS** Nutropin AQ Avonex Nutropin AQ Nuspin Avonex Pen Omnitrope Betaseron Copaxone Saizen Serostim Extavia Tev-Tropin Glatopa Rebif Zomacton Rebif Rebidose Zorbtive

HEPATITIS PULMONARY
Pegasys HYPERTENSION

Pegasys Proclick peginterferon PegIntron

Pegintron RESPIRATORY HIV/AIDS CONDITIONS

didanosine Bethkis
Fuzeon Kitabis Pak
Retrovir Pulmozyme
Videx tobramycin sulfate
Videx EC (generic TOBI)

zidovudine

## 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 anthem.com/ca, 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.