Anthem

Anthem Medical Specialty Pharmacy (MSP) Drug list-7/1/2020			
#	Procedure Code	Description	Drug Indication
1	J0256	INJ ALPHA 1-PROTASE INHIB NOS 10 MG (Aralast, Zemaira only)	ALPHA 1 DEFICIENCY
2	J0257	INJ ALPHA 1 PROTEINASE INH 10 MG (Glassia)	ALPHA 1 DEFICIENCY
3	J2182	INJECTION MEPOLIZUMAB 1 MG	ASTHMA
4	J2357	INJECTION OMALIZUMAB 5 MG	ASTHMA
5	J2786	INJECTION RESLIZUMAB 1 MG	ASTHMA
6	J0881	INJ DARBEPOETIN ALFA 1 MCG NON-ESRD	BLOOD CELL DEFICIENCY
7	J0888	INJECTION EPOETIN BETA 1 MICROGRAM NON-ESRD	BLOOD CELL DEFICIENCY
8	J0887	INJECTION EPOETIN BETA 1 MICROGRAM ESRD	BLOOD CELL DEFICIENCY
9	J2796	INJECTION ROMIPLOSTIM 10 MCG	BLOOD CELL DEFICIENCY
10	J0882	INJ DARBEPOETIN ALFA 1 MCG FOR ESRD	BLOOD CELL DEFICIENCY
11	J1300	INJECTION ECULIZUMAB 10 MG	BLOOD MODIFYING
12	J1303	INJECTION RAVULIZUMAB	BLOOD MODIFYING
13	J0897	INJECTION DENOSUMAB 1 MG	BONE CONDITIONS
14	J3111	INJECTION ROMOSOZUMAB-AQQG 1 MG	BONE CONDITIONS
15	J3315	INJ TRIPTORELIN PAMOATE 3.75 MG	CANCER
16	J9022	INJECTION ATEZOLIZUMAB 10 MG	CANCER
17	J9023	INJECTION AVELUMAB 10 MG	CANCER
18	J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	CANCER
19	J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	CANCER
20	J9055	INJECTION CETUXIMAB 10 MG	CANCER
21	J9145	INJECTION DARATUMUMAB 10 MG	CANCER
22	J9173	INJECTION DURVALUMAB 10 MG	CANCER
23	J9176	INJECTION ELOTUZUMAB 1 MG	CANCER
24	J9228	INJECTION IPILIMUMAB 1 MG	CANCER
25	J9266	INJ PEGASPARGASE SINGLE DOSE VIAL	CANCER
26	J9271	INJECTION PEMBROLIZUMAB 1 MG	CANCER
27	J9299	INJECTION NIVOLUMAB 1 MG	CANCER
28	J9301	INJECTION OBINUTUZUMAB 10 MG	CANCER
29	J9303	INJECTION PANITUMUMAB 10 MG	CANCER
30	J9306	INJECTION PERTUZUMAB 1 MG	CANCER
31	J9308	INJECTION RAMUCIRUMAB 5 MG	CANCER
32	J9311	INJ RITUXIMAB 10 MG & HYALURONIDASE	CANCER
33	J9312	INJECTION RITUXIMAB 10 MG	CANCER
34	J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	CANCER
35	J9395	INJECTION FULVESTRANT 25 MG	CANCER
36	Q5114	INJ TRASTUZUMAB-DKST BIOSIMLR 10 MG	CANCER
37	Q5115	INJECTION RITUXIMAB-ABBS BIOSIMLR 10 MG	CANCER
38	J9202	GOSERELIN ACETATE IMPLANT 3.6 MG	CANCER/ENDOCRINE DISORDERS
39	J9225	HISTRELIN IMPLANT VANTAS 50 MG	CANCER/ENDOCRINE DISORDERS
40	J9226	HISTRELIN IMPL SUPPRELIN LA 50 MG	CANCER/ENDOCRINE DISORDERS
41	J1950	INJ LEUPROLIDE ACETATE PER 3.75 MG	CANCER/ENDOCRINE/INFERTILITY
42	J9217	LEUPROLIDE ACETATE 7.5 MG	CANCER/ENDOCRINE/INFERTILITY
43	J2353	INJ OCTREOTIDE DEPOT FORM IM 1MG	ENDOCRINE DISORDERS
44	J0180	INJECTION AGALSIDASE BETA 1 MG	ENZYME DEFICIENCIES

#	Procedure Code	Description	Drug Indication
45	J0221	INJ ALGLUCOSIDASE ALFA 10 MG	ENZYME DEFICIENCIES
46	J1743	INJECTION IDURSULFASE 1 MG	ENZYME DEFICIENCIES
47	J3385	INJ VELAGLUCERASE ALFA 100 UNITS	ENZYME DEFICIENCIES
48	J2507	INJECTION PEGLOTICASE 1 MG	GOUT
49	J1290	INJECTION ECALLANTIDE 1 MG	HEREDITARY ANGIOEDEMA
50	J0596	INJ C1 ESTERASE INHIB RUCONEST 10 U	HEREDITARY ANGIOEDEMA
51	J0597	INJ C1 ESTERASE INHIB BERINERT 10 U	HEREDITARY ANGIOEDEMA
52	J0598	INJ C1 ESTERASE INHIB CINRYZE 10 U	HEREDITARY ANGIOEDEMA
53	J0599	INJ C-1 ESTERASE INHIBITOR 10 UNITS	HEREDITARY ANGIOEDEMA
54	J0593	INJECTION LANADELUMAB-FLYO 1 MG	HEREDITARY ANGIOEDEMA
55	J1459	INJ IG IV NONLYOPHILIZED 500 MG	IMMUNE DEFICIENCY
56	J1460	INJECTION GAMMA GLOB IM 1 CC	IMMUNE DEFICIENCY
57	J1555	INJECTION IMMUNE GLOBULIN 100 MG	IMMUNE DEFICIENCY
58	J1557	INJ IG IV NONLYOPHILIZED 500 MG	IMMUNE DEFICIENCY
59	J1559	INJECTION IG HIZENTRA 100 MG	IMMUNE DEFICIENCY
60	J1561	INJ IG NONLYOPHILIZED 500 MG	IMMUNE DEFICIENCY
61	J1566	INJ IG IV LYPHILIZED NOS 500 MG	IMMUNE DEFICIENCY
62	J1568	INJ IG OCTOGAM IV NONLYO 500MG	IMMUNE DEFICIENCY
63	J1569	INJ IG GAMMAGARD IV NONLYO 500 MG	IMMUNE DEFICIENCY
64	J1572	INJ IG IV NONLYOPHILIZED 500 MG	IMMUNE DEFICIENCY
65	J1575	INJ IG/HYALURONIDASE 100 MG IG	IMMUNE DEFICIENCY
66	J0129	INJ ABATACEPT 10 MG MEDICR ADM PHYS	INFLAMMATORY CONDITIONS
67	J0490	INJECTION BELIMUMAB 10 MG	INFLAMMATORY CONDITIONS
68	J0638	INJECTION CANAKINUMAB 1 MG	INFLAMMATORY CONDITIONS
69	J1602	INJECTION GOLIMUMAB 1 MG FOR IV USE	INFLAMMATORY CONDITIONS
70	J1745	INJ INFLIXIMAB EXCL BIOSIMILR 10 MG	INFLAMMATORY CONDITIONS
71	J3262	INJECTION TOCILIZUMAB 1 MG	INFLAMMATORY CONDITIONS
72	J3358	USTEKINUMAB INTRAVENOUS INJ 1 MG	INFLAMMATORY CONDITIONS
73	J3380	INJECTION VEDOLIZUMAB 1 MG	INFLAMMATORY CONDITIONS
74	Q5103	INJ INFLIXIMAB-DYYB BIOSIMILR 10 MG	INFLAMMATORY CONDITIONS
75	Q5104	INJ INFLIXIMAB-ABDA BIOSIMILR 10 MG	INFLAMMATORY CONDITIONS
76	J0202	INJECTION ALEMTUZUMAB 1 MG	MULTIPLE SCLEROSIS
77	J2350	INJECTION OCRELIZUMAB 1 MG	MULTIPLE SCLEROSIS
78	J2323	INJECTION NATALIZUMAB 1 MG	MULTIPLE SCLEROSIS
79	J0585	BOTULINUM TOXIN TYPE A PER UNIT	NEUROMUSCULAR CONDITIONS/COSMETIC
80	J0586	INJECTION ABOBOTULINUMTOXINA 5 UNIT	NEUROMUSCULAR CONDITIONS/COSMETIC
81	J0587	INJ RIMABOTULINUMTOXINB 100 UNITS	NEUROMUSCULAR CONDITIONS/COSMETIC
82	J0588	INJECTION INCOBOTULINUMTOXIN 1 UNIT	NEUROMUSCULAR CONDITIONS/COSMETIC
83	J1325	INJECTION EPOPROSTENOL 0.5 MG	PULMONARY HYPERTENSION
84	J0485	INJECTION BELATACEPT 1 MG	TRANSPLANT
85	J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	FACTOR
86	J7183	INJ VWF COMPLEX WILATE 1 I.U.:RCO	FACTOR
87	J7185	INJECTION FACTOR VIII PER IU	FACTOR
88	J7186	INJ AHF/ VWF CMPLX-FACTOR VIII IU	FACTOR
89	J7187	INJ VONWILLBRND FCT CMPLX HUMN IU	FACTOR
90	J7189	FACTOR VIIA 1 MICROGRAM	FACTOR

#	Procedure Code	Description	Drug Indication
91	J7192	FACTOR VIII PER IU NOS	FACTOR
92	J7195	INJECTION FACTOR IX PER IU NOS	FACTOR
93	J7201	INJ FACTOR IX FC FUS PROTEIN PER IU	FACTOR
94	J7205	INJ FACTOR VIII FC FUS PROTEIN IU	FACTOR
95	J7207	INJECTION FAC VIII PEGYLATED 1 I.U.	FACTOR
96	J7209	INJECTION FACTOR VIII 1 I.U.	FACTOR
97	J7210	INJ FACTOR VIII AFSTYLA 1 I.U.	FACTOR
98	J7211	INJ FACTOR VIII KOVALTRY 1 I.U.	FACTOR
99	J0517	INJECTION BENRALIZUMAB 1 MG	ASTHMA
100	Q5106	INJ EPOETIN ALFA-EPBX NON-ESRD BIOSIMLR 1000 UNIT	BLOOD CELL DEFICIENCY
101	Q5112	INJ TRASTUZUMAB-DTTB BIOSIMLR 10 MG	CANCER
102	Q5113	INJ TRASTUZUMAB-PKRB BIOSIMLR 10 MG	CANCER
103	Q5116	INJ TRASTUZUMAB-QYYP BIOSIMLR 10 MG	CANCER
104	Q5119	INJECTION RITUXIMAB-PVVR BIOSIMLR 10 MG	CANCER
105	J1599	INJ IG IV NONLYOPHILIZED NOS 500 MG	IMMUNE DEFICIENCY
106	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Herceptin

Medical Specialty Pharmacy (MSP) Drug list is subject to change. Please contact CVS Specialty Dedicated Anthem Services at (877) 254-0015 if any questions in regards to the MSP Drug list. As a reminder the prescribing provider must request an authorization from the HMO medical group assigned to the member.