Anthem.
P.O. Box 4330
Woodland Hills, CA 91365

September 1, 2020
VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

RE: New Requirement to Obtain Certain Drugs from CVS Specialty Pharmacy

Dear PPO Provider:

In an effort to make healthcare more affordable, Anthem Blue Cross (Anthem) has designated CVS Specialty as our exclusive provider of certain (see enclosure) specialty medications administered in the office or outpatient hospital setting. For dates of service on or after December 1, 2020, for your patients with Anthem commercial PPO or EPO plans, you will be required to work with CVS Specialty to procure certain drugs that are covered through a member's medical benefit. CVS Specialty provides timely fulfillment and distribution to meet the needs of you and your patients.

This policy change will help ensure that our members who need these specialty medications will receive the same high-quality drugs at more affordable costs. This change applies to certain specialty drugs covered under a member's Anthem commercial PPO and EPO medical benefit. All specialty drug prior authorization requirements will still apply and are the responsibility of the ordering provider.

For dates of service on or after December 1, 2020, you'll need to contact CVS Specialty's dedicated Anthem team to order certain medical specialty medications for your patients with the plans outlined above. CVS Specialty will ship specialty drugs to your office, hospital or location of your choice. You should continue to submit for administration of the medication, but bill a zero charge for the medication itself. CVS Specialty will bill us for the medication, and we will pay them directly. **If certain specialty medications are obtained through other pharmacies, the claim will be denied.**

CVS Specialty's Dedicated Anthem Team
Phone: 877-254-0015
Fax: 866-336-8479
Hours of Operation: Mon.-Fri. 5:00 am – 7:30 pm Pacific
Sat 6:00 am – 10:00 am Pacific

If you have questions, please contact your Anthem contract manager, or our Network Relations staff at CAContractSupport@anthem.com. Thank you for your continued participation in the Anthem networks and the services you provide to our members.

Sincerely,

John Pickett
Regional Vice President, Provider Solutions
Anthem Blue Cross

Enclosure

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are Independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Anthem Medical Specialty Pharmacy (MSP) Drug List 12/1/2020			
#	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	J0517	INJECTION BENRALIZUMAB 1 MG	ASTHMA
7	J0881	INJ DARBEPOETIN ALFA 1 MCG NON-ESRD	BLOOD CELL DEFICIENCY
8	J0888	INJECTION EPOETIN BETA 1 MICROGRAM NON-ESRD	BLOOD CELL DEFICIENCY
9	J0887	INJECTION EPOETIN BETA 1 MICROGRAM ESRD	BLOOD CELL DEFICIENCY
10	J2796	INJECTION ROMIPLOSTIM 10 MCG	BLOOD CELL DEFICIENCY
11	J0882	INJ DARBEPOETIN ALFA 1 MCG FOR ESRD	BLOOD CELL DEFICIENCY
12	Q5106	INJ EPOETIN ALFA-EPBX NON-ESRD BIOSIMLR 1000 UNIT	BLOOD CELL DEFICIENCY
13	J1300	INJECTION ECULIZUMAB 10 MG	BLOOD MODIFYING
14	J1303	INJECTION RAVULIZUMAB	BLOOD MODIFYING
15	J0897	INJECTION DENOSUMAB 1 MG	BONE CONDITIONS
16	J3111	INJECTION ROMOSOZUMAB-AQQG 1 MG	BONE CONDITIONS
17	J3315	INJ TRIPTORELIN PAMOATE 3.75 MG	CANCER
18	J9022	INJECTION ATEZOLIZUMAB 10 MG	CANCER
19	J9023	INJECTION AVELUMAB 10 MG	CANCER
20	J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	CANCER
21	J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	CANCER
22	J9055	INJECTION CETUXIMAB 10 MG	CANCER
23	J9145	INJECTION DARATUMUMAB 10 MG	CANCER
24	J9173	INJECTION DURVALUMAB 10 MG	CANCER
25	J9176	INJECTION ELOTUZUMAB 1 MG	CANCER
26	J9228	INJECTION IPILIMUMAB 1 MG	CANCER
27	J9266	INJ PEGASPARGASE SINGLE DOSE VIAL	CANCER
28	J9271	INJECTION PEMBROLIZUMAB 1 MG	CANCER
29	J9299	INJECTION NIVOLUMAB 1 MG	CANCER
30	J9301	INJECTION OBINUTUZUMAB 10 MG	CANCER
31	J9303	INJECTION PANITUMUMAB 10 MG	CANCER
32	J9306	INJECTION PERTUZUMAB 1 MG	CANCER
33	J9308	INJECTION RAMUCIRUMAB 5 MG	CANCER
34	J9311	INJ RITUXIMAB 10 MG & HYALURONIDASE	CANCER
35	J9312	INJECTION RITUXIMAB 10 MG	CANCER
36	J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	CANCER
37	J9395	INJECTION FULVESTRANT 25 MG	CANCER
38	Q5114	INJ TRASTUZUMAB-DKST BIOSIMLR 10 MG	CANCER
39	Q5115	INJECTION RITUXIMAB-ABBS BIOSIMLR 10 MG	CANCER
40	Q5112	INJ TRASTUZUMAB-DTTB BIOSIMLR 10 MG	CANCER
41	Q5113	INJ TRASTUZUMAB-PKRB BIOSIMLR 10 MG	CANCER

42	Q5116	INJ TRASTUZUMAB-QYYP BIOSIMLR 10 MG	CANCER
43	Q5119	INJECTION RITUXIMAB-PVVR BIOSIMLR 10 MG	CANCER
44	J9202	GOSERELIN ACETATE IMPLANT 3.6 MG	CANCER/ENDOCRINE DISORDERS
45	J9225	HISTRELIN IMPLANT VANTAS 50 MG	CANCER/ENDOCRINE DISORDERS
46	J9226	HISTRELIN IMPL SUPPRELIN LA 50 MG	CANCER/ENDOCRINE DISORDERS
47	J1950	INJ LEUPROLIDE ACETATE PER 3.75 MG	CANCER/ENDOCRINE/INFERTILITY
48	J9217	LEUPROLIDE ACETATE 7.5 MG	CANCER/ENDOCRINE/INFERTILITY
49	J2353	INJ OCTREOTIDE DEPOT FORM IM 1MG	ENDOCRINE DISORDERS
50	J0180	INJECTION AGALSIDASE BETA 1 MG	ENZYME DEFICIENCIES
51	J0221	INJ ALGLUCOSIDASE ALFA 10 MG	ENZYME DEFICIENCIES
52	J1743	INJECTION IDURSULFASE 1 MG	ENZYME DEFICIENCIES
53	J3385	INJ VELAGLUCERASE ALFA 100 UNITS	ENZYME DEFICIENCIES
54	J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	FACTOR
55	J7183	INJ VWF COMPLEX WILATE 1 I.U.:RCO	FACTOR
56	J7185	INJECTION FACTOR VIII PER IU	FACTOR
57	J7186	INJ AHF/ VWF CMPLX-FACTOR VIII IU	FACTOR
58	J7187	INJ VONWILLBRND FCT CMPLX HUMN IU	FACTOR
59	J7189	FACTOR VIIA 1 MICROGRAM	FACTOR
60	J7192	FACTOR VIII PER IU NOS	FACTOR
61	J7195	INJECTION FACTOR IX PER IU NOS	FACTOR
62	J7201	INJ FACTOR IX FC FUS PROTEIN PER IU	FACTOR
63	J7205	INJ FACTOR VIII FC FUS PROTEIN IU	FACTOR
64	J7207	INJECTION FAC VIII PEGYLATED 1 I.U.	FACTOR
65	J7209	INJECTION FACTOR VIII 1 I.U.	FACTOR
66	J7210	INJ FACTOR VIII AFSTYLA 1 I.U.	FACTOR
67	J7211	INJ FACTOR VIII KOVALTRY 1 I.U.	FACTOR
68	J2507	INJECTION PEGLOTICASE 1 MG	GOUT
69	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Herceptin
70	J1290	INJECTION ECALLANTIDE 1 MG	HEREDITARY ANGIOEDEMA
71	J0596	INJ C1 ESTERASE INHIB RUCONEST 10 U	HEREDITARY ANGIOEDEMA
72	J0597	INJ C1 ESTERASE INHIB BERINERT 10 U	HEREDITARY ANGIOEDEMA
73	J0598	INJ C1 ESTERASE INHIB CINRYZE 10 U	HEREDITARY ANGIOEDEMA
74	J0599	INJ C-1 ESTERASE INHIBITOR 10 UNITS	HEREDITARY ANGIOEDEMA
75	J0593	INJECTION LANADELUMAB-FLYO 1 MG	HEREDITARY ANGIOEDEMA
76	J1459	INJ IG IV NONLYOPHILIZED 500 MG	IMMUNE DEFICIENCY
77	J1460	INJECTION GAMMA GLOB IM 1 CC	IMMUNE DEFICIENCY
78	J1555	INJECTION IMMUNE GLOBULIN 100 MG	IMMUNE DEFICIENCY
79	J1557	INJ IG IV NONLYOPHILIZED 500 MG	IMMUNE DEFICIENCY
80	J1559	INJECTION IG HIZENTRA 100 MG	IMMUNE DEFICIENCY
81	J1561	INJ IG NONLYOPHILIZED 500 MG	IMMUNE DEFICIENCY
82	J1566	INJ IG IV LYPHILIZED NOS 500 MG	IMMUNE DEFICIENCY
83	J1568	INJ IG OCTOGAM IV NONLYO 500MG	IMMUNE DEFICIENCY
84	J1569	INJ IG GAMMAGARD IV NONLYO 500 MG	IMMUNE DEFICIENCY
85	J1572	INJ IG IV NONLYOPHILIZED 500 MG	IMMUNE DEFICIENCY
86	J1575	INJ IG/HYALURONIDASE 100 MG IG	IMMUNE DEFICIENCY
87	J1599	INJ IG IV NONLYOPHILIZED NOS 500 MG	IMMUNE DEFICIENCY
88	J0129	INJ ABATACEPT 10 MG MEDICR ADM PHYS	INFLAMMATORY CONDITIONS

89	J0490	INJECTION BELIMUMAB 10 MG	INFLAMMATORY CONDITIONS
90	J0638	INJECTION CANAKINUMAB 1 MG	INFLAMMATORY CONDITIONS
91	J1602	INJECTION GOLIMUMAB 1 MG FOR IV USE	INFLAMMATORY CONDITIONS
92	J1745	INJ INFLIXIMAB EXCL BIOSIMILR 10 MG	INFLAMMATORY CONDITIONS
93	J3262	INJECTION TOCILIZUMAB 1 MG	INFLAMMATORY CONDITIONS
94	J3358	USTEKINUMAB INTRAVENOUS INJ 1 MG	INFLAMMATORY CONDITIONS
95	J3380	INJECTION VEDOLIZUMAB 1 MG	INFLAMMATORY CONDITIONS
96	Q5103	INJ INFLIXIMAB-DYYB BIOSIMILR 10 MG	INFLAMMATORY CONDITIONS
97	Q5104	INJ INFLIXIMAB-ABDA BIOSIMILR 10 MG	INFLAMMATORY CONDITIONS
98	J0202	INJECTION ALEMTUZUMAB 1 MG	MULTIPLE SCLEROSIS
99	J2350	INJECTION OCRELIZUMAB 1 MG	MULTIPLE SCLEROSIS
100	J2323	INJECTION NATALIZUMAB 1 MG	MULTIPLE SCLEROSIS
101	J0585	BOTULINUM TOXIN TYPE A PER UNIT	NEUROMUSCULAR CONDITIONS/COSMETIC
102	J0586	INJECTION ABOBOTULINUMTOXINA 5 UNIT	NEUROMUSCULAR CONDITIONS/COSMETIC
103	J0587	INJ RIMABOTULINUMTOXINB 100 UNITS	NEUROMUSCULAR CONDITIONS/COSMETIC
104	J0588	INJECTION INCOBOTULINUMTOXIN 1 UNIT	NEUROMUSCULAR CONDITIONS/COSMETIC
105	J1325	INJECTION EPOPROSTENOL 0.5 MG	PULMONARY HYPERTENSION
106	J0485	INJECTION BELATACEPT 1 MG	TRANSPLANT