



**Designated Medical Specialty Pharmacy Drug List
Effective 7/1/2022**

Anthem reserves the right to update this drug list in accordance with applicable regulations including the addition and removal of drugs.

Existing prior authorization requirements, if any, will continue to apply to the specialty pharmacy drugs on this drug list.

HCPCS	Description	Brand Name
J0129	INJ ABATACEPT 10 MG MEDICR ADM PHYS	ORENCIA
J0179	BEOVU	BEOVU
J0180	INJECTION AGALSIDASE BETA 1 MG	FABRAZYME
J0202	INJECTION ALEMTUZUMAB 1 MG	LEMTRADA
J0221	INJ ALGLUCOSIDASE ALFA 10 MG	LUMIZYME
J0222	INJECTION, PATISIRAN, 0.1 MG	ONPATTRO
J0256	INJ ALPHA 1-PROTASE INHIB NOS 10 MG (ARALAST, ZEMAIRA ONLY)	ARALAST/ZEMAIRA
J0257	INJ ALPHA 1 PROTEINASE INH 10 MG (GLASSIA)	GLASSIA
J0485	INJECTION BELATACEPT 1 MG	NULOJIX
J0490	INJECTION BELIMUMAB 10 MG	BENLYSTA
J0517	INJECTION BENRALIZUMAB 1 MG	FASENRA
J0584	BUROSUMAB-TWZA	CRYSVITA
J0586	INJECTION ABOBOTULINUMTOXINA 5 UNIT	DYSPORT
J0587	INJ RIMABOTULINUMTOXINB 100 UNITS	MYOBLOC
J0593	INJECTION LANADELUMAB-FLYO 1 MG	TAKHZYRO
J0596	INJ C1 ESTERASE INHIB RUCONEST 10 U	RUCONEST
J0597	INJ C1 ESTERASE INHIB BERINERT 10 U	BERINERT
J0598	INJ C1 ESTERASE INHIB CINRYZE 10 U	CINRYZE
J0599	INJ C-1 ESTERASE INHIBITOR 10 UNITS	HAEGARDA
J0638	INJECTION CANAKINUMAB 1 MG	ILARIS
J0881	INJ DARBEPOETIN ALFA 1 MCG NON-ESRD	ARANESP
J0882	INJ DARBEPOETIN ALFA 1 MCG FOR ESRD	ARANESP
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT
J0887	INJECTION EPOETIN BETA 1 MICROGRAM ESRD	MIRCERA
J0888	INJECTION EPOETIN BETA 1 MICROGRAM NON-ESRD	MIRCERA
J0897	INJECTION DENOSUMAB 1 MG	PROLIA/XGEVA

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. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite 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 Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.
1054-0622-OE-ALLCSBD

Anthem reserves the right to update this drug list in accordance with applicable regulations including the addition and removal of drugs.

Existing prior authorization requirements, if any, will continue to apply to the specialty pharmacy drugs on this drug list.

HCPCS	Description	Brand Name
J1290	INJECTION ECALLANTIDE 1 MG	KALBITOR
J1300	INJECTION ECULIZUMAB 10 MG	SOLIRIS
J1303	INJECTION RAVULIZUMAB	ULTOMIRIS
J1322	INJECTION, ELOSULFASE ALFA, 1 MG (FOR BILLING PRIOR TO 1/1/15 USE C9022 OR J3590)	VIMIZIM
J1325	INJECTION EPOPROSTENOL 0.5 MG	FLOLAN
J1458	INJECTION, GALSULFASE, 1 MG	NAGLAZYME
J1459	INJ IG IV NONLYOPHILIZED 500 MG	PRIVIGEN
J1460	INJECTION GAMMA GLOB IM 1 CC	GAMASTAN S-D
J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	ASCENIV
J1555	INJECTION IMMUNE GLOBULIN 100 MG	CUVITRU
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG (FOR BILLING PRIOR TO 1/1/14 SEE C9130 OR J1599)	BIVIGAM
J1557	INJ IG IV NONLYOPHILIZED 500 MG	PRIVIGEN
J1558	INJECTION, IMMUNE GLOBULIN 100MG	XEMBIFY
J1559	INJECTION IG HIZENTRA 100 MG	HIZENTRA
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC (1 UNIT= 10CC)	GAMASTAN S-D
J1561	INJ IG NONLYOPHILIZED 500 MG	GAMUNEX-C/GAMMAKED
J1566	INJ IG IV LYPHILIZED NOS 500 MG	IVIG NOC POWDER
J1568	INJ IG OCTOGAM IV NONLYO 500MG	OCTAGAM
J1569	INJ IG GAMMAGARD IV NONLYO 500 MG	GAMMAGARD
J1572	INJ IG IV NONLYOPHILIZED 500 MG	PRIVIGEN
J1575	INJ IG/HYALURONIDASE 100 MG IG	HYQVIA
J1599	INJ IG IV NONLYOPHILIZED NOS 500 MG	IVIG NOC
J1602	INJECTION GOLIMUMAB 1 MG FOR IV USE	SIMPONI ARIA
J1743	INJECTION IDURSULFASE 1 MG	ELAPRASE
J1745	INJ INFLIXIMAB EXCL BIOSIMILR 10 MG	REMICADE
J1786	INJECTION, IMIGLUCERASE, 10 UNITS	CEREZYME
J1931	INJECTION, LARONIDASE, 0.1 MG	ALDURAZYME
J1950	INJ LEUPROLIDE ACETATE PER 3.75 MG	LUPRON DEPOT
J2182	INJECTION MEPOLIZUMAB 1 MG	NUCALA
J2323	INJECTION NATALIZUMAB 1 MG	TYSABRI
J2350	INJECTION OCRELIZUMAB 1 MG	OCREVUS
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE, NON-DEPOT
J2357	INJECTION OMALIZUMAB 5 MG	XOLAIR
J2503	MACUGEN	MACUGEN
J2507	INJECTION PEGLOTICASE 1 MG	KRYSTEXXA
J2778	LUCENTIS	LUCENTIS

Anthem reserves the right to update this drug list in accordance with applicable regulations including the addition and removal of drugs.

Existing prior authorization requirements, if any, will continue to apply to the specialty pharmacy drugs on this drug list.

HCPCS	Description	Brand Name
J2786	INJECTION RESLIZUMAB 1 MG	CINQAIR
J2796	INJECTION ROMIPLOSTIM 10 MCG	NPLATE
J3060	INJECTION, TALIGLUCERASE ALFA, 10 UNITS	ELELYSO
J3111	INJECTION ROMOSOZUMAB-AQQG 1 MG	EVENITY
J3245	INJECTION, TILDRAKIZUMAB, 1 MG (CODE REUSED BY CMS 1/1/2019)	ILUMYA
J3262	INJECTION TOCILIZUMAB 1 MG	ACTEMRA
J3315	INJ TRIPTORELIN PAMOATE 3.75 MG	TRELSTAR
J3358	USTEKINUMAB INTRAVENOUS INJ 1 MG	STELARA
J3380	INJECTION VEDOLIZUMAB 1 MG	ENTYVIO
J3385	INJ VELAGLUCERASE ALFA 100 UNITS	VPRIV
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	HEMLIBRA
J7175	INJECTION, FACTOR X, (HUMAN), 1 IU (FOR BILLING PRIOR TO 1/1/17 USE J3590 OR C9399 FOR OPPTS BILLING)	COAGADEX
J7177	INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG (PRICE IS PER 1MG. PRODUCT CONTAINS APPROXIMATELY 1 GRAM (900-1300MG))	FIBRYGA
J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, NOT OTHERWISE SPECIFIED, 1 MG (CODE PRICE IS PER 1 MG - RIASTAP CONTAINS 900-1300 MG)	RIASTAP
J7179	INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 IU VWF:RCO (FOR BILLING PRIOR TO 1/1/17 USE J7199 OR C9399 FOR OPPTS BILLING)	VONVENDI
J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 IU (CODE PRICE IS PER 1 IU - CORIFACT CONTAINS 1000-1600 UNITS) (FOR BILLING PRIOR TO 1/1/12 USE J3590 OR C9399)	CORIFACT
J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU FOR BILLING PRIOR TO 1/1/15 USE C9134 OR J3590)	TRETTEN
J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	NOVOEIGHT
J7183	INJ VWF COMPLEX WILATE 1 I.U.:RCO	WILATE
J7185	INJECTION FACTOR VIII PER IU	XYNTHA
J7186	INJ AHF/ VWF CMLPX-FACTOR VIII IU	ALPHANATE
J7187	INJ VONWILLBRND FCT CMLPX HUMN IU	HUMATE-P
J7188	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER IU (CODE RE-USED BY CMS EFFECTIVE 1/1/16) (FOR BILLING PRIOR TO 1/1/16 USE C9399 OR J7199)	OBIZUR
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOSEVEN RT), 1 MICROGRAM	NOVOSEVEN RT
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR [HUMAN]) PER IU	HEMOFIL

Anthem reserves the right to update this drug list in accordance with applicable regulations including the addition and removal of drugs.

Existing prior authorization requirements, if any, will continue to apply to the specialty pharmacy drugs on this drug list.

HCPCS	Description	Brand Name
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR [HUMAN]) PER IU	MONOCLATE P
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR [HUMAN]) PER IU	KOATE
J7192	FACTOR VIII PER IU NOS	ADVATE
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER IU	MONONINE
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER IU	ALPHANINE SD
J7194	FACTOR IX, COMPLEX, PER IU	BEBULIN VH
J7195	INJECTION FACTOR IX PER IU NOS	BENEFIX
J7198	ANTI-INHIBITOR, PER IU	FEIBA NF
J7200	INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU (FOR BILLING PRIOR TO 1/1/15 USE C9133 OR J7195)	RIXUBIS
J7201	INJ FACTOR IX FC FUS PROTEIN PER IU	ALPROLIX
J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 IU (FOR BILLING PRIOR TO 1/1/17 USE J7199 OR C9139 FOR OPPTS BILLING)	IDELVION
J7203	INJECTION FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED, (REBINYN), 1 IU	REBINYN
J7204	INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR (RECOMBINANT), (ESPEROCT), GLYCOPEGYLATED-EXEI, PER IU	ESPEROCT
J7205	INJ FACTOR VIII FC FUS PROTEIN IU	ELOCTATE
J7207	INJECTION FAC VIII PEGYLATED 1 I.U.	ADYNOVATE
J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	JIVI
J7209	INJECTION FACTOR VIII 1 I.U.	NUWIQ
J7210	INJ FACTOR VIII AFSTYLA 1 I.U.	AFSTYLA
J7211	INJ FACTOR VIII KOVALTRY 1 I.U.	KOVALTRY
J7212	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT)-JNCW (SEVENFACT), 1 MICROGRAM	SEVENFACT
J7311	RETISERT	RETISERT
J7312	OZURDEX	OZURDEX
J7313	ILUVIEN	ILUVIEN
J9022	INJECTION ATEZOLIZUMAB 10 MG	TECENTRIQ
J9023	INJECTION AVELUMAB 10 MG	BAVENCIO
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	BLINCYTO
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	ADCETRIS
J9055	INJECTION CETUXIMAB 10 MG	ERBITUX
J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	DARZALEX FASPRO
J9145	INJECTION DARATUMUMAB 10 MG	DARZALEX

Anthem reserves the right to update this drug list in accordance with applicable regulations including the addition and removal of drugs.

Existing prior authorization requirements, if any, will continue to apply to the specialty pharmacy drugs on this drug list.

HCPCS	Description	Brand Name
J9173	INJECTION DURVALUMAB 10 MG	IMFINZI
J9176	INJECTION ELOTUZUMAB 1 MG	EMPLICITI
J9202	GOSERELIN ACETATE IMPLANT 3.6 MG	ZOLADEX
J9217	LEUPROLIDE ACETATE 7.5 MG	ELIGARD/LUPRON DEPOT
J9218	LEUPROLIDE ACETATE, PER 1 MG	LUPRON
J9225	HISTRELIN IMPLANT VANTAS 50 MG	SUPPRELIN LA / VANTAS
J9225	VANTAS	SUPPRELIN LA / VANTAS
J9226	HISTRELIN IMPL SUPPRELIN LA 50 MG	SUPPRELIN LA / VANTAS
J9228	INJECTION IPILIMUMAB 1 MG	YERVOY
J9266	INJ PEGASPARGASE SINGLE DOSE VIAL	ONCASPAR
J9271	INJECTION PEMBROLIZUMAB 1 MG	KEYTRUDA
J9272	DOSTARLIMAB-GXLY, 10 MG	JEMPERLI
J9299	INJECTION NIVOLUMAB 1 MG	OPDIVO
J9301	INJECTION OBINUTUZUMAB 10 MG	GAZYVA
J9303	INJECTION PANITUMUMAB 10 MG	VECTIBIX
J9306	INJECTION PERTUZUMAB 1 MG	PERJETA
J9308	INJECTION RAMUCIRUMAB 5 MG	CYRAMZA
J9311	INJ RITUXIMAB 10 MG & HYALURONIDASE	RITUXAN HYCELA
J9312	INJECTION RITUXIMAB 10 MG	RITUXAN
J9316	PERTUZUMAB/TRASTUZUMAB/HYALURONIDASE-ZZXF, 10MG	PHESGO
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	KADCYLA
J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	HERCEPTIN
J9356	TRASTUZUMAB; HYALURONIDASE-OYSK	HERCEPTIN HYLECTA
J9395	INJECTION FULVESTRANT 25 MG	FASLODEX
Q5103	INJ INFLIXIMAB-DYYB BIOSIMILR 10 MG	INFLECTRA
Q5104	INJ INFLIXIMAB-ABDA BIOSIMILR 10 MG	RENFLEXIS
Q5106	INJ EPOETIN ALFA-EPBX NON-ESRD BIOSIMLR 1000 UNIT	RETACRIT
Q5112	INJ TRASTUZUMAB-DTTB BIOSIMLR 10 MG	ONTRUZANT
Q5113	INJ TRASTUZUMAB-PKRB BIOSIMLR 10 MG	HERZUMA
Q5114	INJ TRASTUZUMAB-DKST BIOSIMLR 10 MG	OGIVRI
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMLR 10 MG	TRUXIMA
Q5116	INJ TRASTUZUMAB-QYYP BIOSIMLR 10 MG	TRAZIMERA
Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR 10MG	KANJINTI
Q5119	INJECTION RITUXIMAB-PVVR BIOSIMLR 10 MG	RUXIENCE
Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	AVSOLA
Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, 10 MG	RIABNI