



Provider administered drugs

To better serve the members of Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem), and to ensure members' benefits are optimized, members who are taking certain provider administered drugs through their pharmacy benefit will be directed to access them exclusively under their medical benefit. Impacted members will receive a letter advising of the change in drug coverage. The below list of provider administered drugs will be covered under the medical benefit for **dates of service December 1, 2021, and beyond:**

HCPCS or CPT® code(s)	Drug
J0256	ARALAST NP
Q5121	AVSOLA
J9023	BAVENCIO
J0490	BENLYSTA
J0179	BEOVU
J0598	CINQAIR
J0586	DYSPORT
J9217	ELIGARD
J1325	EPOPROSTENOL SODIUM
J0178	EYLEA
J0180	FABRAZYME
J0517	FASENRA
J1325	FLOLAN
J0257	GLASSIA
J9173	IMFINZI
Q5103	INFLECTRA
J1290	KALBITOR
J9271	KEYTRUDA
J9119	LIBTAYO
J2778	LUCENTIS
J0221	LUMIZYME

<https://providers.anthem.com/nv>

HCPCS or CPT® code(s)	Drug
J9217	LUPRON DEPOT (1-MONTH)
J9217	LUPRON DEPOT (3-MONTH)
J1950	LUPRON DEPOT (3-MONTH)
J9217	LUPRON DEPOT (4-MONTH)
J9217	LUPRON DEPOT (6-MONTH)
J2503	MACUGEN
J1726	MAKENA
Q5107	MVASI
J0587	MYOBLOC
J7307	NEXPLANON
J2182	NUCALA
C9494	OCREVUS
J9299	OPDIVO
J0256	PROLASTIN-C
J0897	PROLIA
J1745	REMICADE
J3285	REMODULIN
Q5104	RENFLEXIS
J9312	RITUXAN
J0596	RUCONEST
Q5119	RUXIENCE
J2354	SANDOSTATIN LAR DEPOT
J1602	SIMPONI ARIA
J1930	SOMATULINE DEPOT
C9483	TECENTRIQ
J3315	TRELSTAR
J3315	TRELSTAR MIXJECT
J0490	TREPROSTINIL
J3316	TRIPTODUR

HCPCS or CPT® code(s)	Drug
Q5115	TRUXIMA
J2323	TYSABRI
J1325	VELETRI
J0588	XEOMIN
J0897	XGEVA
J0775	XIAFLEX
J9228	YERVOY
J0256	ZEMAIRA
Q5118	ZIRABEV
J9202	ZOLADEX
J3489	RECLAST
Q2051	ZOLEDRONIC ACID
J3487	ZOLEDRONIC ACID
J3489	ZOMETA

We appreciate your support and look forward to your assistance in ensuring that our Anthem members' drug benefit coverage is provided in a clinically appropriate fashion. If you have questions, please contact your local Network Relations representative.