

## Medical Provider-Administered Specialty Drug List

The following list reflects medications designated as specialty drugs. These specialty drugs may be covered under the medical benefit, **and if covered, must be obtained through CuraScript, the Express Scripts Specialty Pharmacy.** Whether the drug is to be given in the provider's office, by a home infusion provider, or in the member's home, the specialty drug must be obtained from CuraScript.

HCPCS Code	Sample Trade Name	Generic (Chemical) Name(s)
J1035	Humira <sup>1,3</sup>	adalimumab
J0180	Fabrazyme <sup>1</sup>	agalsidase beta
J0205	Ceredase <sup>1</sup>	alglucerase
J0215	Amevive <sup>1</sup>	alefacept
J0220	Myozyme	algucoisidase alfa
J0725	Novarel/Profasi/Pregnyl <sup>3</sup>	human chorionic gonadotropin (HCG)
J0800	Acthar HP	corticotrophin (ACTH)
J1438	Enbrel <sup>1,3</sup>	etanercept
J1595	Copaxone <sup>1,3</sup>	glatiramer actate
J1785	Cerezyme <sup>1</sup>	imiglucerase
J1825	Avonex <sup>1,3</sup>	interferon beta-1a, 33 mcg
J1830	Betaseron <sup>1,3</sup>	interferon beta-1b
J1931	Aldurazyme <sup>1</sup>	laronidase
J2170	Increlex <sup>1,3</sup>	mecasermin
J2357	Xolair <sup>1,3</sup>	omalizumab
J2597	DDAVP <sup>3</sup>	desmopressin acetate
J2940	Protropin <sup>1,3</sup>	somatrem
J2941	Genotropin/Humatrope/Saizen <sup>1,3</sup>	somatropin
J3110	Forteo <sup>1,3</sup>	teriparatide
J3355	Bravelle <sup>3</sup>	urofollitropin
J3490	Kineret <sup>1,3</sup>	anakinra
J3490	Cetrotide <sup>3</sup>	cetrotelix acetate
J3490	Rebetron <sup>1,3</sup>	interferon alfa-2b + ribavirin capsules
J3490	Luveris <sup>3</sup>	lutropin alfa
J7187	Humate P <sup>1,2</sup>	von willebrand factor complex
J7189	NovoSeven <sup>1,2</sup>	factor viia
J7190	Factor VIII <sup>1,2</sup>	factor viii (human)
J7191	Factor VIII <sup>1,2</sup>	factor viii (porcine)
J7192	Factor VIII <sup>1,2</sup>	factor viii (recombinant)
J7193	Factor IX <sup>1,2</sup>	factor ix (non-recombinant)
J7194	Bebulin VH/Proplex T <sup>1,2</sup>	factor ix (complex)
J7195	Factor IX <sup>1,2</sup>	factor ix (recombinant)
J7198	Feiba VH <sup>1,2</sup>	anti-inhibitor coagulant complex
J7321	Hyalgan/Supartz <sup>1</sup>	hyaluronic acid derivatives
J7322	Synvisc <sup>1</sup>	hyaluronic acid derivatives
J7323	Euflexxa <sup>1</sup>	hyaluronic acid derivatives
J7324	Orthovisc <sup>1</sup>	hyaluronic acid derivatives
J7639	Pulmozyme <sup>3</sup>	dornase alpha inhalation solution
J9212	Infergen <sup>1,3</sup>	interferon alfacon-1
J9213	Roferon-A <sup>1,3</sup>	interferon alfa-2a
J9214	Intron-A <sup>1,3</sup>	interferon alfa-2b
J9215	Alferon-N <sup>1,3</sup>	interferon alfa-n3

This list of drugs is not a guarantee of coverage; please refer to your benefit booklet for specific coverage information. The list is sorted by HCPCS code. The most common brand name(s) and its corresponding generic (chemical) name are listed. This list is subject to change. Please visit [www.anthem.com/ca](http://www.anthem.com/ca) for updates. CuraScript is able to provide other specialty drugs that are not listed and not part of this program. For additional information on other specialty drugs, please visit [curascript.com](http://curascript.com).

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HCPCS Code	Sample Trade Name	Generic (Chemical) Name(s)
Q0515	Geref <sup>3</sup>	sermorelin acetate
Q3025	Avonex <sup>1,3</sup>	interferon beta-1a, 11 mcg
Q3026	Rebif <sup>1,3</sup>	interferon beta-1a, SubQ
S0017	Amicar	aminocaproic acid
S0122	Repronex/Menopur <sup>3</sup>	menotropins
S0126	Gonal-F <sup>3</sup>	follitropin alfa
S0128	Follistim-AQ <sup>3</sup>	follitropin beta
S0132	Antagon <sup>3</sup>	ganirelix acetate
S0145	Pegasys <sup>1,3</sup>	peginterferon alfa-2a
S0146	PEG-Intron <sup>1,3</sup>	peginterferon alfa-2b
S0162	Raptiva <sup>1,3</sup>	efalizumab

<sup>1</sup>Prior authorization (pre-service medical review) and approval by Anthem Blue Cross Specialty Medical Management (SPMM) may be required for PPO members. Please visit [www.anthem.com/ca](http://www.anthem.com/ca) (providers) for detailed information and to download forms.

<sup>2</sup>Hemophilia factors dispensed and managed by 340B provider(s) do not need to be obtained through CuraScript.

<sup>3</sup>These specialty drugs may be covered under the outpatient prescription drug benefit, and if covered, are also required to be obtained through CuraScript. When benefits are provided for specialty drugs under the plan's medical benefits, they will not be provided under the prescription benefits, if included. Conversely, if benefits are provided for specialty drugs under the prescription drug benefits, if included, they will not be provided under the plan's medical benefits.

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Express Scripts, Inc. is a separate company that provides pharmacy services and pharmacy benefit management services on behalf of health plan members.