

# Missouri Provider Communications

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## **Anthem Federal Employee Health Benefit Program® (FEP) PPO Members will now require prior approval for specific Specialty Drugs and Site of Care**

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Effective July 1, 2019, Anthem Federal Employee PPO members, (ID numbers beginning with an, 'R'), aged 18 and older, and not Medicare Primary, will now need to have Prior Approval for the following medications:

### **List of medications by code**

<b>Code</b>	<b>Procedure Description</b>
J0129	Abatacept injection ( <b>Orencia</b> )
J0490	Belimumab injection ( <b>Benlysta</b> )
J1459	Injection, immune globulin ( <b>Privigen</b> )
J1555	Injection, immune globulin ( <b>Cuvitru</b> )
J1556	Injection, immune globulin ( <b>Bivigam</b> )
J1557	Injection, immune globulin ( <b>Gammaplex</b> )
J1559	Injection, immune globulin ( <b>Hizentra</b> )
J1561	Injection, immune globulin ( <b>Gamunex-c/Gammaked</b> )
J1566	Injection, immune globulin ( <b>Carimune</b> )
J1568	Injection, immune globulin ( <b>Octagam</b> )
J1569	Injection, immune globulin ( <b>Gammagard liquid</b> )
J1572	Injection, immune globulin ( <b>Flebogamma</b> )
J1575	Injection, immune globulin/hyaluronidase ( <b>HyQvia</b> )
J1599	Injection, immune globulin ( <b>Panzyga</b> )
J1602	Golimumab IV ( <b>Simponi Aria</b> )
J1745	Infliximab not biosimilar ( <b>Remicade</b> )
J2323	Natalizumab injection ( <b>Tysabri</b> )
J3380	Vedolizumab Injection ( <b>Entyvio</b> )
Q5103	Infliximab dyyb biosimilar ( <b>Inflectra</b> )
Q5104	Infliximab abda biosimilar ( <b>Renflexis</b> )
Q5109	infliximab-qbtx, biosimilar ( <b>Ixifi</b> )

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**In addition to acquiring Prior Approval for the medication, the Outpatient Hospital Site of Care must also be approved.** The Prior Approval process will identify members who meet the appropriate Anthem site of care criteria and who can safely receive their medication in a location other than an outpatient hospital, including the home.

Effective January 1, 2020 failure to receive Prior Approval for these medications may result in non-coverage of the medication and facility services.

**To acquire Prior Approval please contact the Anthem Federal Employee Program Utilization Management Department at (800-860-2156).**

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<https://providernews.anthem.com/missouri/article/anthem-federal-employee-health-benefit-program-fep-ppo-members-will-now-require-prior-approval-for-specific-specialty-drugs-and-site-of-care>

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