

## Approved Site of Care Drug List

Infusion medications included in this Infusion Therapy Site of Care policy are as follows:

**Note:** Additional medications will be added to the Infusion Therapy Site of Care policy over time.

Effective 8/1/2022 (**)	HCPC Code	Brand Name	Generic Name
<b>Central Nervous System Agents</b>			
	J2350	Ocrevus®	Ocrelizumab
**	J0222	Onpattro®	Patisiran
**	J1301	Radicava®	Edaravone
<b>Enzyme Replacement Therapies</b>			
**	J1931	Aldurazyme®	Laronidase
**	J0256	Aralast® NP	Alpha-1 proteinase inhibitor
	J1786	Cerezyme®	Imiglucerase
**	J1743	Elaprase®	Idursulfase
	J3060	Elelyso®	Taliglucerase alfa
**	J0180	Fabrazyme®	Agalsidase beta
	J2840	Kanuma®	Sebelipase alfa
**	J0221	Lumizyme®	Alglucosidase alfa
**	J3397	Mepsevii®	Vestronidase alfa-vjvk
	J1458	Naglazyme®	Galsulfase
**	J1322	Vimizim®	Elosulfase alfa
	J3385	VPRIV®	Velaglucerase alfa
<b>Inflammatory Conditions</b>			
	J3262	Actemra®	Tocilizumab
	Q5121	Avsola®	Infliximab-axxq
	J0490	Benlysta®	Belimumab
	J3380	Entyvio®	Vedolizumab
	Q5103	Inflectra®	Infliximab-dyyb
	J0129	Orencia®	Abatacept
	J1745	Remicade®	Infliximab
	Q5104	Renflexis®	Infliximab-abda
	J1602	Simponi Aria®	Golimumab
<b>Intravenous Immune Globulins</b>			
	J1566	Carimune® NF, Gammagard® S/D	
	J1555	Cuvitru®	
	J1572	Flebogamma®, Flebogamma® DIF	
	J1569	Gammagard®	
	J1561	Gammaked®, Gamunex-C®	
	J1557	Gammaplex®	
	J1559	Hizentra®	

## Approved Site of Care Drug List

**	J1575	Hyqvia®	
**	J1599	IVIG non-lypholized, NOS	
	J1568	Octagam®	
	J1459	Privigen®	
	J1558	Xembify®	
<b>Miscellaneous Diseases</b>			
	J0584	Crysvita®	Burosumab-twza
**	J0897	Prolia®, Xgeva®	Denosumab
	J1300	Soliris®	Eculizumab
**	J3241	Tepezza®	Teprotumumab-trbw
	J1303	Ultomiris®	Ravulizumab-cwvz