

## Site of care drug list

The specialty drugs listed below, when covered under the medical benefit, require a site of care clinical review under the *Clinical Utilization Management Guideline* [CG-MED-83](#). All drugs on this list are still subject to existing *Clinical Criteria*, step therapy criteria, and/or quantity limits.

| HCPCS code | Brand name                               | Drug class                         |
|------------|--|------------------------------------|
| J3262      | Actemra                                  | Inflammatory conditions            |
| J0791      | Adakveo                                  | Miscellaneous specialty conditions |
| J1931      | Aldurazyme                               | Enzyme deficiency                  |
| J0256      | Aralast NP, Prolastin, Zemaira           | Respiratory conditions             |
| J1554      | Asceniv                                  | Immunodeficiency                   |
| Q5121      | Avsola                                   | Inflammatory conditions            |
| J0490      | Benlysta                                 | Inflammatory conditions            |
| J1556      | Bivigam                                  | Immunodeficiency                   |
| J1786      | Cerezyme                                 | Enzyme deficiency                  |
| J2786      | Cinqair                                  | Respiratory conditions             |
| J1743      | Elaprase                                 | Enzyme deficiency                  |
| J3060      | Eleyso                                   | Enzyme deficiency                  |
| J3380      | Entyvio                                  | Inflammatory conditions            |
| J0180      | Fabrazyme                                | Enzyme deficiency                  |
| J1572      | Flebogamma                               | Immunodeficiency                   |
| J1460      | Gamma globulin, intramuscular, 1cc       | Immunodeficiency                   |
| J1560      | Gamma globulin, intramuscular, over 10cc | Immunodeficiency                   |
| J1569      | Gammagard Liquid                         | Immunodeficiency                   |
| J1561      | Gammaked, Gamunex-C                      | Immunodeficiency                   |
| J1557      | Gammaplex                                | Immunodeficiency                   |
| J0257      | Glassia                                  | Respiratory conditions             |
| J1566      | Immune globulin, not otherwise specified | Immunodeficiency                   |
| Q5103      | Inflectra                                | Inflammatory conditions            |
| J2840      | Kanuma                                   | Enzyme deficiency                  |
| J2507      | Krystexxa                                | Inflammatory conditions            |
| J0221      | Lumizyme                                 | Enzyme deficiency                  |
| J3397      | Mepsevii                                 | Enzyme deficiency                  |
| J1458      | Naglazyme                                | Enzyme deficiency                  |
| J0485      | Nulojix                                  | Transplant                         |

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|       |              |                                    |
|-------|--------------|------------------------------------|
| J2350 | Ocrevus      | Multiple Sclerosis                 |
| J1568 | Octagam      | Immunodeficiency                   |
| J0222 | Onpattro     | Miscellaneous specialty conditions |
| J0129 | Orencia      | Inflammatory conditions            |
| J1599 | Panzyga      | Immunodeficiency                   |
| J1459 | Privigen     | Immunodeficiency                   |
| J1745 | Remicade     | Inflammatory conditions            |
| Q5104 | Renflexis    | Inflammatory conditions            |
| J9312 | Rituxan      | Inflammatory conditions            |
| J1602 | Simponi Aria | Inflammatory conditions            |
| J1300 | Soliris      | Blood modifying agents             |
| J2323 | Tysabri      | Multiple Sclerosis                 |
| J1303 | Ultomiris    | Blood modifying agents             |
| J1322 | Vimizim      | Enzyme deficiency                  |
| J3385 | VPRIV        | Enzyme deficiency                  |
| J2357 | Xolair       | Respiratory conditions             |

*\*Effective Date: August 1, 2022*

**Disclaimer:** *This list is not a guarantee of benefits. Please check the drug list for coverage. This list may change without notice, which may affect benefit coverage.*