

Site of care drug list

New Jersey | Medicaid

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. Note that the site-of-care requirements do not apply to drugs that are carved out in a given market.

HCPCS code	Brand name	Drug class
J3262	Actemra	Inflammatory Conditions
J0791	Adakveo	Other Misc Conditions
J1931	Aldurazyme	Enzyme Deficiencies
J0256	Aralast NP, Prolastin, Zemaira	Alpha 1 Deficiency
J1554	Asceniv	Immune Deficiency
Q5121	Avsola	Inflammatory Conditions
J0490	Benlysta	Inflammatory Conditions
J1556	Bivigam	Immune Deficiency
J1566	Carimune Nanofiltered, Gammagard S/D	Immune Deficiency
J1786	Cerezyme	Enzyme Deficiencies
J2786	Cinqair	Asthma
J0598	Cinryze	Hereditary Angioedema
J1743	Elaprase	Enzyme Deficiencies
J3060	Elelyso	Enzyme Deficiencies
J3380	Entyvio	Inflammatory Conditions
J0180	Fabrazyme	Enzyme Deficiencies
J1572	Flebogamma, Flebogamma DIF	Immune Deficiency
J1460	Gamastan, Gamastan S/D	Immune Deficiency
J1560	Gamastan, Gamastan S/D	Immune Deficiency
J1569	Gammagard Liquid	Immune Deficiency

HCPCS code	Brand name	Drug class
J1561	Gammaked, Gamunex-C	Immune Deficiency
J1557	Gammaplex	Immune Deficiency
J0257	Glassia	Alpha 1 Deficiency
Q5103	Inflectra	Inflammatory Conditions
J2840	Kanuma	Other Misc Conditions
J2507	Krystexxa	Gout
J0221	Lumizyme	Enzyme Deficiencies
J3397	Mepsevii	Enzyme Deficiencies
J1458	Naglazyme	Enzyme Deficiencies
J0485	Nulojix	Transplant
J2350	Ocrevus	Multiple Sclerosis
J1568	Octagam	Immune Deficiency
J0222	Onpattro	Psychiatric/Neuro Disorders
J0129	Orencia	Inflammatory Conditions
J1576	Panzyga	Immune Deficiency
J1459	Privigen	Immune Deficiency
J1745	Remicade	Inflammatory Conditions
Q5104	Renflexis	Inflammatory Conditions
J9312	Rituxan	Inflammatory Conditions
J1602	Simponi Aria	Inflammatory Conditions
J1299	Soliris	Blood Modifying
J3358	Stelara IV	Inflammatory Conditions
J3241	Tepezza	Ophthalmic Conditions
J1746	Trogarzo	HIV
J1303	Ultomiris	Blood Modifying
J1322	Vimizim	Enzyme Deficiencies
J3385	VPRIV	Enzyme Deficiencies
J9332	Vyvgart	Neuromuscular Conditions

*Effective Date: April 1, 2026

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.