

Site of care drug list

Washington | 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 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
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
J2786	Cinqair	Asthma
J3380	Entyvio	Inflammatory Conditions
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
J1561	Gammaked, Gamunex-C	Immune Deficiency
J1557	Gammaplex	Immune Deficiency
J0257	Glassia	Alpha 1 Deficiency
Q5103	Inflectra	Inflammatory Conditions
J2350	Ocrevus	Multiple Sclerosis

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Coverage provided by Wellpoint Washington, Inc.

Wellpoint Washington, Inc. profoundly acknowledges and respects the inherent sovereignty of the federally recognized tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the tribes, a bond reiterated by the *Centennial Accord* and established by *RCW 43.376*. We heartily commit to enhancing our coordination, collaboration, and communication with tribal health programs and providers. Our activities are driven by an intent of respect, understanding, and recognition of the deeply rooted traditions and values of the tribal communities.

HCPSC code	Brand name	Drug class
J1568	Octagam	Immune Deficiency
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
J3358	Stelara IV	Inflammatory Conditions

Effective date: December 1, 2024

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