



AllWays Health PartnersSM

Site of Care (SOC) Drug List

UPDATES FOR COMMERCIAL AND HEALTH CONNECTOR PLAN MEMBERS ONLY

Novologix PA Effective Date	HCPCS	HCPCS Description	Drug Name
8/14/2017	J3262	Injection, tocilizumab, 1 mg	Actemra
1/1/2018	J1931	Injection, laronidase, 0.1 mg	Aldurazyme
1/1/2018	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	Aralast NP Zemaira Prolastin-C
10/1/2017	J0490	Injection, belimumab, 10 mg	Benlysta
8/14/2017	J1556	Injection, immune globulin (bivigam), 500 mg	Bivigam
8/14/2017	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Carimune NF Gammagard S/D Gammagard S/D Less IgA
1/1/2018	J1786	Injection, imiglucerase, 10 units	Cerezyme
10/1/2017	J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	Cinryze
8/14/2017	J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	Cytogam
1/1/2018	J1743	Injection, idursulfase, 1 mg	Elaprase
1/1/2018	J3060	Injection, taliglucerase alfa, 10 units	Elelyso
8/14/2017	J3380	Injection, vedolizumab, 1 mg	Entyvio
1/1/2018	J0180	Injection, agalsidase beta, 1 mg	Fabrazyme
8/14/2017	J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Flebogamma Flebogamma DIF
8/14/2017	J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg	Gammagard
8/14/2017	J1561	Injection, immune globulin, (gamunex-c/gammaked), non- lyophilized (e.g., liquid), 500 mg	Gammaked Gamunex-C
8/14/2017	J1557	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammaplex
1/1/2018	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	Glassia
8/14/2017	J1559	Injection, immune globulin (hizentra), 100 mg	Hizentra
8/14/2017	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Hyqvia
8/14/2017	Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	Inflectra
1/1/2018	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	Lumizyme
8/14/2017	J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	Octagam
8/14/2017	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug	Orencia
8/14/2017	J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Privigen



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8/14/2017	J1745	Injection infliximab, 10 mg	Remicade
8/14/2017	Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	Renflexis
8/14/2017	J1602	Injection, golimumab, 1 mg, for intravenous use	Simponi Aria
8/14/2017	J1300	Injection, eculizumab, 10 mg	Soliris
10/1/2017	J1322	Injection, elosulfase alfa, 1 mg	Vimizim
1/1/2018	J3385	Injection, velaglucerase alfa, 100 units	Vpriv