SummaCare

# Site of Care Policy Drug List

Effective 9/10/2025

| Drug Class/Type | HCPC Code | Drug Description |
|---|---|---|
| **ALS** | J1301 | RADICAVA |
| **Antipsoriatic Agent** | J1602 | SIMPONI ARIA 12.5 MG/ML 4 ML SDV (50MG) |
| **Antirheumatic** | J0129 | ORENCIA 125 MG/ML 1 ML PFS |
| | | ORENCIA 250MG SDV |
| | | ORENCIA CLICKJECT 125 MG/ML 1 ML |
| | J0717 | CIMZIA 200 MG/ML 1 ML LYO (2/KIT) (400MG |
| | | CIMZIA 200 MG/ML 1 ML PF START KT (6/KT) |
| | | CIMZIA 200 MG/ML 1 ML PFS (2/KIT) (400MG |
| | J1745 | REMICADE 100 MG VIAL |
| | J3262 | ACTEMRA 20 MG/ML 10 ML SDV PF (200 MG) |
| | | ACTEMRA 20 MG/ML 20 ML SDV PF (400 MG) |
| | | ACTEMRA 20 MG/ML 4 ML SDV PF (80 MG) |
| | Q5103 | INFLECTRA 100 MG |
| | Q5104 | RENFLEXIS 100 MG |
| | Q5121 | AVSOLA 100 MG |
| **Antitrypsin Deficiency Agent** | J0256 | ARALAST NP 1000 MG (+/-) VIAL |
| | | ARALAST NP 500 MG (+/-) VIAL |
| | | PROLASTIN C 1000 MG (+/-) VIAL W / DILNT |
| | | ZEMAIRA 1000 MG (+/-) VIAL |
| | J0257 | GLASSIA 1000 MG (+/-) VIAL |
| **Atypical hemolytic uremic syndrome, generalized myasthenia gravis, neuromyelitis optica spectrum disorder** | J1300 | SOLIRIS 10MG/ML 30ML SDV |
| | J1303 | ULTOMIRIS 100MG/ML |
| | | ULTOMIRIS 300MG/30ML |
| | | ULTOMIRIS 1100MG/11ML |
| | J9332 | VYVGART 400MG/20ML |
| **Crohns UC** | J3380 | ENTYVIO 300 MG SDV |
| **Duchenne muscular dystrophy** | J1428 | EXONDYS 51 50 MG/ML 10 ML (500 MG) SDV |
| | | EXONDYS 51 50 MG/ML 2 ML (100 MG) SDV |
| **Enzyme** | J0180 | FABRAZYME 35MG SDV |
| | | FABRAZYME 5MG SDV |
| | J0221 | LUMIZYME 50 MG SUV |
| | | LUMIZYME 50 MG VIAL |
| | J1743 | ELAPRASE 2MG/ML 3ML (6MG) IN 5ML SDV |
| | J1786 | CEREZYME 400 UNIT SDV |
| | J1931 | ALDURAZYME 0.58MG/ML 5ML VIAL |
| | J2840 | KANUMA 2 MG/ML 10 ML (20 MG) SDV |
| | J3385 | VPRIV 400 UNITS SDV |
| **HAE Agent** | J0597 | BERINERT 500 UNIT SDV KIT |
| | J0598 | CINRYZE 500 UNIT SDV |
| **HIV** | J1746 | TROGARZO |
| **IVIG** | J1459 | PRIVIGEN 10 % 400 ML (40 GM) VIAL |
| | | PRIVIGEN 10% 100ML (10GM) VIAL |
| | | PRIVIGEN 10% 200ML (20GM) VIAL |
| | | PRIVIGEN 10% 50ML (5GM) VIAL |

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|---|---|---|
| | J1460 | GamaSTAN S/D 10ML VIAL |
| | | GamaSTAN S/D 2ML |
| | J1556 | BIVIGAM LIQ 10 % 100 ML (10 GM) SDV |
| | | BIVIGAM LIQ 10 % 50 ML (5 GM) SDV |
| | J1557 | GammaPLEX 5 % 100 ML VIAL (5 GM) |
| | | GammaPLEX 5 % 200 ML VIAL (10 GM) |
| | | GammaPLEX 5 % 400 ML VIAL (20 GM) |
| | | GammaPLEX 5 % 50 ML VL (2.5 GM)-NOT USE |
| | J1561 | GammaKED 10 % 10 ML (1 GM) SDV |
| | | GammaKED 10 % 100 ML (10 GM) SDV |
| | | GammaKED 10 % 200 ML (20 GM) SDV |
| | | GammaKED 10 % 25 ML (2.5 GM) SDV |
| | | GammaKED 10% 50 ML (5 GM) SDV |
| | | GamuNEX-C 10 % 10 ML (1 GM) SDV |
| | | GamuNEX-C 10 % 100 ML (10 GM) SDV |
| | | GamuNEX-C 10 % 200 ML (20 GM) SDV |
| | | GamuNEX-C 10 % 25 ML (2.5 GM) SDV |
| | | GamuNEX-C 10 % 400 ML (40 GM) SDV |
| | | GamuNEX-C 10 % 50 ML (5 GM) SDV 0800-21 |
| | J1566 | GammaGARD S/D 10 GM (IGA<1) W/SET |
| | | GammaGARD S/D 10GM (IGA<1) W/ST SDV |
| | | GammaGARD S/D 10GM VL W/SET (060387) |
| | | GammaGARD S/D 5 GM (IGA<1) W/SET |
| | | GammaGARD S/D 5GM (IGA<1) SET SNGL DOSE |
| | | GammaGARD S/D 5GM VL W/SET (060-386) |
| | J1568 | OCTAGAM 10 % 100 ML (10 GM) VIAL |
| | | OCTAGAM 10 % 20 ML (2 GM) VIAL |
| | | OCTAGAM 10 % 200 ML (20 GM) VIAL |
| | | OCTAGAM 10 % 50 ML (5 GM) VIAL |
| | | OCTAGAM 5 % 100 ML (5 GM ) VIAL |
| | | OCTAGAM 5 % 20 ML (1 GM ) VIAL |
| | | OCTAGAM 5 % 200 ML (10 GM ) VIAL |
| | | OCTAGAM 5 % 50 ML (2.5 GM ) VIAL |
| | | OCTAGAM 5 % 500 ML (25 GM ) VIAL |
| | | OCTAGAM 5% 100ML (5GM) VIAL |
| | | OCTAGAM 5% 200ML (10GM ) VIAL |
| | | OCTAGAM 5% 200ML (10GM) VIAL |
| | | OCTAGAM 5% 20ML (1GM) VIAL |
| | | OCTAGAM 5% 50ML (2.5GM) VIAL |
| | J1569 | GammaGARD LIQ 10 % 300 ML (30 GM)1502346 |
| | | GammaGARD LIQ 10% 100ML (10GM) 1500187 |
| | | GammaGARD LIQ 10% 10ML (1GM) 1500190 |
| | | GammaGARD LIQ 10% 200ML (20GM) 1500185 |
| | | GammaGARD LIQ 10% 25ML (2.5GM) 1500189 |
| | | GammaGARD LIQ 10% 50ML (5GM) 1500188 |
| | J1572 | FLEBOGAMMA DIF 10 % 200 ML VIAL (20 GM) |
| | | FLEBOGAMMA DIF 10 % 50 ML VIAL (5 GM) |

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|---|---|---|
| | | FLEBOGAMMA DIF 5% 100ML VIAL (5GM) |
| | | FLEBOGAMMA DIF 5% 200ML VIAL (10GM) |
| | | FLEBOGAMMA DIF 5% 400ML VIAL PF (20GM) |
| | | FLEBOGAMMA DIF 5% 50 ML (2.5 GM) VL |
| | J1599 | PANZYGA 100MG/ML SOLUTION 1 g/10mL (10 mL) |
| | | PANZYGA 100MG/ML SOLUTION 5 g/50mL (50 mL) |
| | | PANZYGA 100MG/ML SOLUTION 10 g/100mL (100 mL) |
| | | PANZYGA 100MG/ML SOLUTION 2.5 g/25mL (25 mL) |
| | | PANZYGA 100MG/ML SOLUTION 20 g/200mL (200 mL) |
| | | PANZYGA 100MG/ML SOLUTION 30 g/300mL (300 mL) |
| | J7504 | ATGAM 50 MG/ML 5 ML AMPUL (250 MG) |
| **IVIG for Transplant CMV prevention** | J0850 | CYTOGAM 2.5 GM 50 ML VIAL |
| **Multiple Sclerosis, Relapsing effective 9/10/2025** | J2350 | OCREVUS 300/10ML SOLUTION |
| **Multiple Sclerosis, Relapsing or Primary Progressive effective 9/10/2025** | J2323 | TYSABRI 300MG/15 ML SOLUTION |
| **Osteoporosis effective 9/10/2025** | J0897 | PROLIA 60MG/ML SOLUTION PREFILLED SYRINGE & BIOSIMILARS LAUNCHED |
| | Q5136 | JUBBONTI 60MG/ML SOLUTION PREFILLED SYRINGE |
| **Sandostatin for non-oncology indications effective 9/10/2025** | J2354 | SANDOSTATIN 50MCG/ML SOLUTION |
| | | OCTREOTIDE ACETATE 200MCG/ML SOLUTION |
| | | OCTREOTIDE ACETATE 500MCG/ML SOLUTION |
| | | OCTREOTIDE ACETATE 100MCG/ML SOLUTION |
| | | OCTREOTIDE ACETATE 1000MCG/ML SOLUTION |
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*** List Subject to Change**