

Infused Drugs Restricted to Kaiser Permanente’s Specialty Pharmacy Network

To receive benefits for the administration of select infusion medications in the home setting, the drug must be obtained through Kaiser Permanente’s preferred specialty pharmacy and administered by a provider we identify.

Medications limited to the Kaiser Permanente Home Infusion Pharmacy and administered by a preferred nursing partner:

Applies to most non-Medicare Kaiser Permanente members, age 7 years and older, who live in the state of Washington, with a Washington state prescriber.

Contact: You can reach Kaiser Permanente Home Infusion Pharmacy at (206) 326-2990 from 8:30 a.m.- 5:00 p.m. Monday - Friday.

For coverage questions please check your Evidence of Coverage or contact member services at 1-888-901-4636.

Referrals: Submit a referral to KP Home Infusion using KP Health Connect (KP Providers) or Affiliate Link (Network Providers).

Drug List: Please note – Drugs are listed in alphabetical order:

Drug Code	Generic Name	Brand name
J0129	Abatacept	Orencia
J0180	Agalsidase	Fabrazyme
J0221	Alglucosidase alfa	Lumizyme
J0257	Alpha-1 proteinase inhibitor	Aralast
J0256	Alpha-1 proteinase inhibitor	Prolastin
J0485	Belatacept	Nulojix
J0490	Belimumab	Benlysta
C9075, J1426	Casimersen	Amondys 45
J0897	Denosumab	Prolia
J1300	Eculizumab	Soliris
C9484, J1428	Eteplirsen	Exondys-51
J1458	Galsulfase	Naglazyme
J1602	Golimumab intravenous injection	Simponi Aria
J1429	Golodirsen	Vyondys 53
J1743	Idursulfase	Elaprase
J1786	Imiglucerase	Cerezyme
J1569	Immune globulin	Gammagard Liquid
J1561	Immune globulin	Gamunex C
J1568	Immune globulin	Octagam
J1459	Immune globulin	Privigen
J1745	Infliximab	Remicade
Q5103	Infliximab-dyyb	Inflectra
J2350	Ocrelizumab	Ocrevus
C9052, J1303	Ravulizumab-cwvz	Ultomiris
J9310, 100 mg; J9312, 10 mg	Rituximab	Rituxan
Q5115	Rituximab-abbs	Truxima
Q5123	Rituximab-arrx	Riabni

Inclusion on this list does NOT imply insurance coverage. Coverage from Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. will depend on a member’s benefit plan and is subject to change. For information on coverage of these products, please contact Member Services at 1-888-901-4636.

J3060	Taliglucerase alfa	Elyso
J3241	Teprotumumab-trbw	Tepezza
J3262	Tocilizumab	Actemra
J9355	Trastuzumab	Herceptin
Q5117	Trastuzumab-anns	Kanjinti
J3380	Vedolizumab	Entyvio
J3385	Velaglucerase alfa	Vpriv

Medications Limited to the Washington Center for Bleeding Disorders

Applies to: Non-Medicare members only

Contact: You can reach the Washington Center for Bleeding Disorders at 206-689-8200 or 1-855-837-7080 from 8:00 a.m. to 4:30 p.m. Monday – Friday.

Drug List: Please note – Drugs are listed in alphabetical order:

Drug Code	Generic Name	Brand Name
J7182	Antihemophilic factor	Novoeight
J7183	Antihemophilic factor	Wilate
J7185	Antihemophilic factor	Xyntha
J7186	Antihemophilic factor	Alphanate
J7187	Antihemophilic factor	Humate-P
J7188	Antihemophilic factor	Obizur
J7190	Antihemophilic factor	Koate, Monoclate-P, Hemofil-M, Monarc-M
J7192	Antihemophilic factor	Advate, Kogenate-FS, Helixate, Recombinate
J7199	Antihemophilic factor	Jivi
J7207	Antihemophilic factor	Adynovate
J7209	Antihemophilic factor	Nuwiq
J7210	Antihemophilic factor	Afstyla
J7211	Antihemophilic factor	Kovaltry
Unspecified Code	Antihemophilic factor recomb Fc-vwf-xten-eh1	Altuviiio
J7204	Antihemophilic factor recomb glycopegexei	Esperoct
J7198	Anti-inhibitor coagulant	Feiba
J7200	Coagulation factor IX	Rixubis
J7195	Coagulation factor IX	Benefix, Ixinity
J7189	Eptacog alfa	Novoseven
J7170	Emicizumab-kxwh	Hemlibra
J7202	Factor IX	Idelvion
J7193	Factor IX	Alphanine-SD, Mononine
J7194	Factor IX	Bebulin, Profilnine
J7203	Factor IX	Rebinyn
J7201	Factor IX antihemophilic factor, (recombinant)	Alprolix
J7175	Factor X	Coagadex

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J7180	Factor XIII	Corifact,
J7181	Factor XIII	Tretten
J7205	Factor VIII, Fc fusion protein, (recombinant)	Eloctate
J7212	Factor viia (antihemophilic factor, recombinant)-jncw	Sevenfact
C9090, J2998	Plasminogen, human-tvmh	Ryplazim
J7179	Von Willebrand factor	Vonvendi

Date Created	Date Last Revised
10/1/2021	3/27/2023

Revision History	Description
10/1/2021	Document creation
3/25/2022	Added ocrelizumab and plasminogen, human-tvmh
4/7/2022	Updated code for plasminogen, human-tvmh
6/7/2022	Added abatacept, belatacept, belimumab, casimersen, golodirsen, Ravulizumab-cwvz, teprotumumab-trbw, tocilizumab Added criteria for Washington state prescriber
7/28/2022	Updated code for Antihemophilic factor recomb glycopegexei and Plasminogen, human-tvmh
10/06/2022	Added rituximab-arrx
3/27/2023	Added Antihemophilic factor recombinant fc-vwf-xten-eh1