

**Kaiser Permanente, Washington State Region  
Home Infusion Pharmacy  
Formulary**

**Home Infusion Prescription Referral Forms**

<b>Drug Category/Generic</b>	<b>Drug Brand Name</b>	<b>Code</b>	<b>Date effective</b>	<b>Notes</b>
Abatacept	Orencia	J0129	6/20/2022	
Agalsidase	Fabrazyme	J0180	2/1/2021	
Alglucosidase alfa	Lumizyme	J0221	9/1/2020	
Alpha-1 proteinase inhibitor	Aralast	J0257	6/1/2019	Preferred product
Alpha-1 proteinase inhibitor	Prolastin	J0256	6/1/2019	
Belatacept	Nulojix	J0485	6/20/2022	
Belimumab	Benlysta	J0490	6/20/2022	
Casimersen	Amondys 45	C9075, J1426	6/20/2022	For new starts, first dose must be given in clinic or infusion center to assess tolerability
Denosumab	Prolia	J0897	2/1/2021	
Eculizumab	Soliris	J1300	2/1/2021	
Eteplirsen	Exondys-51	C9484, J1428	2/1/2021	For new starts, first dose must be given in clinic or infusion center to assess tolerability
Galsulfase	Naglazyme	J1458	2/1/2021	
Golimumab intravenous injection	Simponi Aria	J1602	2/1/2021	
Golodirsen	Vyondys 53	J1429	6/20/2022	For new starts, first dose must be given in clinic or infusion center to assess tolerability
Idursulfase	Elaprase	J1743	2/1/2021	
Imiglucerase	Cerezyme	J1786	2/1/2021	
Infliximab-dyyb	Inflectra	Q5103	8/1/2020	Preferred product
Infliximab	Remicade, Infliximab	J1745	8/1/2020	
IVIG	Gammagard Liquid	J1569	6/1/2019	
IVIG	Gamunex C	J1561	6/1/2019	
IVIG	Privigen	J1459	6/1/2019	
IVIG	Octagam	J1568	9/1/2020	
Ocrelizumab	Ocrevus	J2350	3/25/2022	For new starts, first 2 doses must be given in clinic or

				infusion center to assess tolerability
Ravulizumab-cwvz	Ultomiris	C9052, J1303	6/20/2022	
Rituximab-abbs	Truxima	Q5115	3/19/2021	<ul style="list-style-type: none"> <li>For new starts, first 2 doses must be given in clinic or infusion center to assess tolerability</li> </ul>
Rituximab-arrx	Riabni	Q5123	9/13/2022	<ul style="list-style-type: none"> <li>Preferred product</li> <li>For new starts, first 2 doses must be given in clinic or infusion center to assess tolerability</li> </ul>
Rituximab	Rituxan	J9310, 100 mg; J9312, 10 mg	3/19/2021	For new starts, first 2 doses must be given in clinic or infusion center to assess tolerability
Taliglucerase alfa	ElELYso	J3060	2/1/2021	
Teprotumumab-trbw	Tepezza	J3241	6/20/2022	
Tocilizumab	Actemra	J3262	6/20/2022	
Trastuzumab-anns	Kanjinti	Q5117	10/1/2020	Preferred product
Trastuzumab	Herceptin	J9355	10/1/2020	
Vedolizumab	Entyvio	J3380	2/1/2021	
Velaglucerase alfa	Vpriv	J3385	2/1/2021	

Kaiser Permanente Home Infusion Pharmacy  
201 16th Ave E, Seattle WA 98112  
8:30 am – 5 pm, M – F  
Intake (206) 326-2990  
Fax (206) 326-2139  
Homeinfusion-wa@kp.org