



# MEDICAL MUTUAL®

## Medications Subject to Site of Care Management (Revised May 21, 2026)

Effective March 1, 2016, and on an ongoing basis, select medications are subject to site of care management and will be restricted to administration by a home infusion provider, at a provider's office, or at a standalone infusion center when billed under the medical benefit. A biosimilar will be subject to site of care if the brand innovator product is subject to site of care.

Medications listed on the following pages must be administered in a non-hospital facility-based location (NHFBL) (i.e., home infusion provider, provider's office, free-standing ambulatory infusion center) identified as the place of service unless **at least one** of the following criteria is met<sup>††</sup>:

1. The patient is younger than 18 years.<sup>†</sup>
2. The patient is clinically unstable based on documented medical history (e.g., hemodynamically unstable).
3. The patient has experienced a documented adverse reaction to the prescribed medication that did not respond to conventional interventions (eg, acetaminophen, steroids, diphenhydramine, fluids or other pre-medications).
4. The patient has experienced a documented severe adverse event (eg, anaphylaxis, myocardial infarction, thromboembolism, or seizures) during or immediately after administration of the prescribed medication.
5. The requested medication is administered:
  - As part of a chemotherapy regimen (e.g., anti-neoplastic agent, colony stimulating factor, erythropoiesis-stimulating agent, anti-emetic) for treatment of cancer unless drug has been studied and found appropriate for use in non-hospital settings.
  - With dialysis.
6. The patient exhibits physical or cognitive impairment, and a caregiver is not available to assist with safe administration of prescribed medication in the home.
7. It is the patient's first dose of the medication or it is being re-initiated after at least 12 months.\*

<sup>†</sup>Effective Jan. 1, 2019, age criterion applies to age 18 years or older. Age at original effective date (March 1, 2016) was 21 years or older.

<sup>††</sup>This criterion does not apply to Medicare or Medicare Advantage members.

\*This criterion applies to drugs that require the initial (or first two) dose(s) to be administered in a hospital-based outpatient facility. Drugs that are typically self-administered are only considered appropriate for NHFBLs for the initial dose.

§ This drug may be subject to site of care.

HCPCS Code(s)	Brand Name	Generic Name	Site of Care Management- Days Allowed in Hospital- Based Outpatient Facility
Q5145	Abrilada	adalimumab-afza	0
J3262	Actemra IV	tocilizumab	75
J3590, C9399	Actemra SC	tocilizumab	0
J0801	Acthar Gel	corticotropin	0
J0791	Adakveo §	crizanlizumab-tmca	60
J3590, C9399	Adbry	tralokinumab	0
J3590, C9399	Aimovig	erenumab-aooe	0
J3031	Ajovy	fremanezumab-vfrm	0
J1931	Aldurazyme	laronidase	60
J7173	Alhemo	concizumab-mtci	60
J1552	Alyglo	immune globulin intravenous	0
J3590, C9399	Amjevita, Amjevita HCF	adalimumab-atto	0
J1426	Amondys 45	casimersen	30
J0225	Amvuttra §	vutrisiran	90
J3590, C9399	Andembry	garadacimab-gxii	14
J0256	Aralast NP	alpha-1-proteinase inhibitor	0
J1554	Asceniv	immune globulin intravenous	0
J1826, Q3027	Avonex	interferon beta-1a	0
Q5121	Avsola	infliximab-axxq	75
Q5156	Avtozma IV (branded and unbranded)	tocilizumab-anoh	75
Q5156	Avtozma SC (branded and unbranded)	tocilizumab-anoh	0
J0490	Benlysta IV	belimumab	45
J3590	Benlysta SC	belimumab	0
J0597	Berinert	C-1 esterase inhibitor human	14
J1830	Betaseron	interferon beta-1b	0
J1556	Bivigam	immune globulin intravenous	0
Q5152	Bkemv	eculizumab-aeeb	45
J2329	Briumvi	ublituximab-xijj	60
J0741	Cabenuva	cabtegravir/rilpivirine	0
J1786	Cerezyme	imiglucerase	30
J0717	Cimzia	certolizumab pegol	0
J2786	Cinqair §	reslizumab	90
J0598	Cinryze	C1 esterase inhibitor	30
J0802	Cortrophin (Ani)	corticotropin	0
J3590, C9399	Cosentyx SC	secukinumab	0
J0584	Crysvita	burosumab	0

HCP Code(s)	Brand Name	Generic Name	Site of Care Management-Days Allowed in Hospital-Based Outpatient Facility
J1551	Cutaquig	immune globulin subcutaneous	0
J1555	Cuvitru	immune globulin subcutaneous	0
Q5143	Cyltezo (branded and unbranded)	adalimumab – adbm	0
J3590, C9399	Dupixent	dupilumab	0
J1743	Elaprase	idursulfase	60
J3060	Elelyso	taliglucerase alfa	60
J2508	Elfabrio	pegunigalisidase alfa-iwxj	60
J3590, C9399	Emgality	galcanezumab-gnlm	0
J7799, C9399	Empaveli	pegcetacoplan	0
J1438	Enbrel	etanercept	0
J3590, C9399	Enspryng	satralizumab-mwge	0
J3380	Entyvio IV	vedolizumab	60
J3590, C9399	Entyvio SC	vedolizumab	0
Q5151	Epysqli	eculizumab-aagh	45
J3111	Evenity	romosozumab-aqqg	25
J1305	Evkeeza	evinacumab-dgnb	0
J1428	Exondys 51	eteplirsen	30
J1830	Extavia	interferon beta-1b	0
J0180	Fabrazyme	agalsidase beta	60
J0517	Fasenra	benralizumab	0
J1744	Firazyr	icatibant	14
J1572	Flebogamma	immune globulin intravenous	0
J1325	Flolan	epoprostenol	30
J1569	Gammagard liquid	immune globulin intravenous	0
J1569	Gammagard Liquid ERC IV	immune globulin intravenous	0
J1569	Gammagard Liquid ERC SC	immune globulin subcutaneous	0
J1566	Gammagard S/D	immune globulin intravenous	0
J1561	Gammaked	immune globulin intravenous	0
J1557	Gammaplex	immune globulin intravenous	0
J1561	Gamunex-C	immune globulin intravenous	0
J2941	Genotropin	somatropin	0
J0223	Givlaari	givosiran	60
J0257	Glassia	alpha1-proteinase inhibitor	0
J3590, C9399	Hadlima	adalimumab-bwwd	0
J0599	Haegarda	c1 esterase inhibitor	14
J7170	Hemlibra	emicizumab-kxwh	60

HCP Code(s)	Brand Name	Generic Name	Site of Care Management-Days Allowed in Hospital-Based Outpatient Facility
J9355	<i>Herceptin</i> §	<i>trastuzumab</i>	180
J9356	<i>Herceptin Hylecta</i> §	<i>trastuzumab</i>	90
J9999	<i>Hercessi</i> §	<i>trastuzumab-pkrb</i>	90
Q5113	<i>Herzuma</i> §	<i>Trastuzumab-pkrb</i>	180
J1559	Hizentra	immune globulin subcutaneous	0
Q5140	Hulio (branded and unbranded)	adalimumab-fkjp	0
J2941	Humatrope	somatropin	0
J0139	Humira	adalimumab	0
J7172	Hympavzi	marstacimab-hncq	60
J1575	Hyqvia	immune globulin subcutaneous	0
J3590, C9399	Hyrimoz, Hyrimoz HCF (branded and unbranded)	adalimumab-adaz	0
Q5144	Idacio (branded and unbranded)	adalimumab-aacf	0
J0638	Ilaris	canakinumab	90
J3245	Ilumya	tildrakizumab-asmn	60
J3490, C9399	Imcivree	setmelanotide	0
Q5098	Imuldosa IV	ustekinumab-srlf	45
Q5098	Imuldosa SC	ustekinumab-srlf	0
J1460, J1566, J1599	Immune globulin (miscellaneous)	immune globulin	0
J2170	Increlex	mecasermin	0
Q5103	Inflectra	infliximab-dyyb	75
J1290	Kalbitor	ecallantide	14
Q5117	<i>Kanjinti</i> §	<i>trastuzumab-anns</i>	180
J2840	Kanuma	sebelipase alfa	120
J3590, C9399	Kesimpta	ofatumumab	0
J3590, C9399	Kevzara	sarilumab	0
J9271	<i>Keytruda</i> §	<i>pembolizumab</i>	120
J3590	Kineret	anakinra	0
J2507	Krystexxa	pegloticase	30
J0217	Lamzede	velmanase alfa-tycv	60
J0202	<i>Lemtrada</i> §	<i>alemtuzumab</i>	30
J1306	Legvio	inclisiran	0
J0221	Lumizyme	alglucosidase alfa	60
J3397	Mepsevii	vestronidase Alfa-vjbk	120
J1458	Naglazyme	galsulfase	60
J0219	Nexviazyme	avalglucosidase alfa-ngpt	60

HCP Code(s)	Brand Name	Generic Name	Site of Care Management-Days Allowed in Hospital-Based Outpatient Facility
J3590, C9399	Ngenla	somatrogon-ghla	0
J2941	Norditropin	somatropin	0
J2796	<i>Nplate §</i>	<i>romiplostim</i>	30
J2182	Nucala	mepolizumab	0
J2941	Nutropin/Nutropin AQ	somatropin	0
J2350	Ocrevus	ocrelizumab	60
J2351	Ocrevus Zunovo	ocrelizumab and hyaluronidase	60
J1568	Octagam	immune globulin intravenous	0
Q5114	<i>Ogivri §</i>	<i>trastuzumab-dkst</i>	180
Q5154	Omlyclo, Omalizumab-igec (branded and unbranded)	omalizumab-igec	90
J2941	Omnitrope	somatropin	0
J2267	Omvoth SC	mirikizumab	0
J0222	<i>Onpattro §</i>	<i>patisiran sodium</i>	90
Q5112	<i>Ontruzant §</i>	<i>trastuzumab-dttb</i>	180
J9299	<i>Opdivo §</i>	<i>nivolumab</i>	120
J0129	Orencia IV	abatacept	45
J0129	Orencia SC	abatacept	0
Q9999	Otulfi IV	ustekinumab-aaaz	45
Q9999	Otulfi SC	ustekinumab-aaaz	0
J0224	<i>Oxlumo §</i>	<i>lumasiran</i>	0
NOC C9399, J3590	Palynziq	pegvaliase-pqpz	21
J1576	Panzyga	Immune globulin intravenous	0
J3590, C9399	Plegridy	peginterferon beta-1a	0
J1459	Privigen	immune globulin intravenous	0
J0256	Prolastin-C	alpha1-proteinase inhibitor	0
J0897	<i>Prolia §</i>	denosumab	0
Q9997	Pyzchiva IV	ustekinumab-ttwe	45
Q9996	Pyzchiva SC	ustekinumab-ttwe	0
J7174	Qfitlia	fitusiran injection	60
J3590, C9399	Qivigy	immune globulin intravenous	0
J1301	Radicava	edaravone	0
Q3028	Rebif	interferon beta-1a	0
J1745	Remicade, infliximab unbranded	infliximab	75
J3285	Remodulin, treprostinil	treprostinil	20
Q5104	Renflexis	infliximab-abda	75
J3590, C9399	Revcovi	elapegademase-lvlr	0
Q5123	<i>Riabni §</i>	<i>rituximab-arrx</i>	90

HCP Code(s)	Brand Name	Generic Name	Site of Care Management-Days Allowed in Hospital-Based Outpatient Facility
J9312	<i>Rituxan</i> §	<i>rituximab</i>	90
J9311	<i>Rituxan Hycela</i> §	<i>rituximab and hyaluronidase human</i>	90
J0596	Ruconest	recombinant C1 esterase inhibitor	14
Q5119	<i>Ruxience</i> §	<i>rituximab-pvvr</i>	90
J2941	Saizen	somatropin	0
J0491	Saphnelo	anifrolumab-fnia	0
Q9998	Selarsdi IV (branded and unbranded)	ustekinumab-aekn	45
Q9998	Selarsdi SC (branded and unbranded)	ustekinumab-aekn	0
J2941	Serostim	somatropin	0
J3590, C9399	Siliq	brodalumab	0
Q5142	Simlandi (branded and unbranded)	adalimumab-ryvk	0
J1602	Simponi Aria IV	golimumab	60
J3590, C9399	Simponi SC	golimumab	0
J3590, C9399	Skyrizi SC	risankizumab-rzaa	0
J3590, C9399	Skytrofa	lonapegsomatropin-tcgd	0
J3590, C9399	Sogroya	somatropin	0
J1299	Soliris	eculizumab	45
J3590, C9399	Starjemza IV	ustekinumab-hmny	45
J3590, C9399	Starjemza SC	ustekinumab-hmny	0
J3358	Stelara IV (branded and unbranded)	ustekinumab	45
J3357	Stelara SC (branded and unbranded)	ustekinumab	0
Q5099	Steqeyma IV (branded and unbranded)	ustekinumab-stba	45
Q5099	Steqeyma SC (branded and unbranded)	ustekinumab-stba	0
J0593	Takhzyro	lanadelumab	0
J9022, C9483	<i>Tecentriq</i> §	<i>atezolizumab</i>	120
J9999, C9399	<i>Tecentriq Hybreza</i> §	<i>atezolizumab and hyaluronidase-tqjs</i>	120
J3490, C9399	Tegsedi	inotersen	0
J3241	Tepezza	teprotumumab-trbw	30
J2356	Tezspire	tezepelumab-ekko	0
Q5133	Tofidence	tocilizumab-bavi	75

HCP Code(s)	Brand Name	Generic Name	Site of Care Management-Days Allowed in Hospital-Based Outpatient Facility
Q5116	Trazimera §	trastuzumab-qyyp	180
J1628	Tremfya SC	guselkumab	0
J1746	Trogarzo	ibalizumab-uiyk	60
Q5115	Truxima §	rituximab-abbs	90
Q5135	Tyenne IV	tocilizumab-aazg	75
Q5135	Tyenne SC	tocilizumab-aazg	0
J2323	Tysabri §	natalizumab	90
Q5134	Tyruko §	natalizumab-sztn	90
J3285	Tyvaso	treprostinil	45
J1303	Ultomiris	ravulizumab-cwvz	45
J1823	Uplizna §	ineblizumab-cdon	30
J1325	Veletri	epoprostenol	45
Q4074	Ventavis	iloprost	45
J1427	Viltepsa	viltolarsen	30
J1322	Vimizim	elosulfase alfa	60
J3590, C9399	Voxzogo	vosoritide	0
J3385	Vpriv	velaglucerase alfa	30
J3032	Vyepti	eptinezumab-jjmr	0
J3490	Vyleesi	bremelanotide	0
J1429	Vyondys 53	golodirsen	30
J9334	Vyvgart Hytrulo	efartigimod alfa-fcab and hyaluronidase-qvfc	0
Q5138	Wezlana IV	ustekinumab-auub	45
Q5137	Wezlana SC	ustekinumab-auub	0
J1558	Xembify	immune globulin subcutaneous	0
J0897	Xgeva §	denosumab	90
J2357	Xolair	omalizumab	90
Q5100	Yesintek IV	ustekinumab-kfce	45
Q5100	Yesintek SC	ustekinumab-kfce	0
J9228	Yervoy §	ipilimumab	120
J1553	Yimmugo	immune globulin intravenous, human – dira	0
Q5141	Yuflyma (branded and unbranded)	adalimumab-aaty	0
J3590, C9399	Yusimry	adalimumab-aqvh	0
J8499	Yutrepia	treprostinil	45
J0256	Zemaira	alpha-1-proteinase inhibitor	0
J2941	Zomacton	somatropin	0
J2941	Zorbtive	somatropin	0
J1748	Zymfentra	infliximab-dyyb	0

This list is subject to change. For more information on prescription medications requiring prior approval or that are considered investigational, and to view a complete list of our Corporate Medical Policies, visit [Provider.MedMutual.com](http://Provider.MedMutual.com) and select Tools & Resources, Care Management > [Corporate Medical Policies](#).