



# MEDICAL MUTUAL®

## Medications Subject to Site of Care Management (Revised Mar 17, 2022)

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.

<b>Drug Name</b>	<b>HCPSC Code(s)</b>	<b>Site of Care Management- Days Allowed in Hospital-Based Outpatient Facility</b>
Abrilada (adalimumab-afza)	NOC J3590	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Actemra (tocilizumab)	J3262, NOC J3590, NOC C9399	IV – 75 days in a hospital-based outpatient facility, all others at NHFBL. SC – No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Adbry (tralokinumab)	J3590, C9399	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Aimovig (erenumab)	NOC J3590, NOC C9399	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Ajovy (Fremanezumab-vfrm)	J3031	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Aldurazyme (laronidase)	J1931	60 days in a hospital-based outpatient setting, all others NHFBL.
Amondys 45 (casimersen)	J1426	30 days in a hospital-based outpatient facility, all others at NHFBL.
Aralast/NP (alpha1-Proteinase inhibitors)	J0256	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Avsola (infliximab-axxq)	Q5121	75 days in a hospital-based outpatient setting, all others at NHFBL.
Benlysta (belimumab)	J0490	IV-- 45 days in a hospital-based outpatient facility, all others at NHFBL. SC – No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Beriner (C1 esterase inhibitor)	J0597	14 days in a hospital-based outpatient facility, all others at NHFBL.
Bivigam (IVIG)	J1556	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Carimune	J1566	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Cerezyme (imiglucerase)	J1786	30 days in a hospital-based outpatient facility, all others at NHFBL.
Cimzia (certolizumab pegol)	J0717	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Cinryze (C1 esterase inhibitor)	J0598	30 days in a hospital-based outpatient facility, all others at NHFBL.
Cosentyx (secukinumab)	NOC J3590, NOC C9399	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Crysvita (burosumab)	J0584	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Cuvitru (immune globulin subcutaneous)	J1555	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Dupixent (dupilumab)	NOC J3590, NOC C9399	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Elaprase (idursulfase)	J1743	60 days in a hospital-based outpatient setting, all others at NHFBL.
Elelyso (taliglucerase alfa)	J3060	60 days in a hospital-based outpatient setting, all others at NHFBL.
Emgality (Galcanzumab-gnlm)	NOC J3590, NOC C9399	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Empaveli (pegcetacoplan)	NOC J3490	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Enbrel (etanercept)	J1438	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Enspryng (satralizumab-mwge)	NOC J3590, NOC C9399	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Entyvio (vedolizumab)	J3380	60 days in a hospital-based outpatient facility, all others at NHFBL.
Evenity (romosozumab-aqqg)	J3490	25 days in a hospital-based outpatient facility, all others at NHFBL.
Exondys 51 (eteplirsen)	J1428	30 days in a hospital-based outpatient facility, all others at NHFBL.

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Fabrazyme (agalsidase beta)	J0180	60 days in a hospital-based outpatient setting, all others at NHFBL.
Fasenra (benralizumab)	J0517	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Firazyr (icatibant)	J1744	14 days in a hospital-based outpatient facility, all others at NHFBL.
Flebogamma (immune globulin)	J1572	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Flolan (epoprostenol)	J1325	30 days in a hospital-based outpatient facility, all others at NHFBL.
Gammagard liquid (immune globulin)	J1569	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Gammagard S/D (immune globulin)	J1569	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Gammaked (immune globulin)	J1561	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Gammaplex (immune globulin)	J1557	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Gamunex (immune globulin)	J1561	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Givlaari (givosiran)	J0223	60 days in a hospital-based outpatient facility, all others at NHFBL.
Glassia (alpha1-proteinase inhibitor)	J0257	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Growth hormones (e.g. Increlex, Somatropin)	J2170, J2940, J2941, Q0515	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Haegarda (c1 esterase inhibitor)	C9015	14 days in a hospital-based outpatient facility, all others at NHFBL.
Hemlibra	J7170	60 days in a hospital-based outpatient facility, all others at NHFBL.
<i>Herceptin (trastuzumab)<sup>§</sup></i>	J9355	180 days in a hospital-based outpatient facility, all others at NHFBL.
<i>Herceptin Hylecta (trastuzumab)<sup>§</sup></i>	J9356	90 days in a hospital-based outpatient facility, all others at NHFBL.
<i>Herzuma (Trastuzumab-pkrb)<sup>§</sup></i>	Q5113	180 days in a hospital-based outpatient facility, all others at NHFBL.
H.P. Acthar Gel (corticotropin)	J0800	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Hizentra (immune globulin)	J1559	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Humira (adalimumab)	J0135	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Hyqvia (immune globulin)	J1575	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Ilaris (canakinumab)	J0638	90 days in a hospital-based outpatient facility, all others at NHFBL.
Ilumya (tildrakizumab-asmn)	J3245	60 days in a hospital-based outpatient facility, all others at NHFBL.
Imcivree (setmelanotide)	NOC J3490, NOC C9399	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Immune globulin (miscellaneous)	J1460, J1560, J1566, J1599	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Inflectra (infliximab-dyyb)	Q5103	75 days in a hospital-based outpatient setting, all others at NHFBL.
Interferon beta-1a and 1b (Avonex, Rebif, Plegridy,	J1826, J1830, NOC J3490,	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.

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Betaseron, Extavia)	Q3027, Q3028	
Kalbitor (ecallantide)	J1290	14 days in a hospital-based outpatient facility, all others at NHFBL.
<i>Kanjinti (trastuzumab-anns)<sup>§</sup></i>	Q5117	180 days in a hospital-based outpatient facility, all others at NHFBL.
Kanuma (sebelipase alfa)	J2840	120 days in a hospital-based outpatient setting, all others at NHFBL.
Kevzara (sarilumab)	C9399, NOC J3590	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
<i>Keytruda (pembolizumab)<sup>§</sup></i>	J9271	120 days in a hospital-based outpatient setting, all others at NHFBL.
Kineret (anakinra)	NOC J3590	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Krystexxa (pegloticase)	J2507	30 days in a hospital-based outpatient facility, all others at NHFBL.
Lumizyme (alglucosidase alfa)	J0221	60 days in a hospital-based outpatient setting, all others at NHFBL.
Mepsevii (vestronidase Alfa-vjbk)	J3397	120 days in a hospital-based outpatient setting, all others at NHFBL.
Naglazyme (galsulfase)	J1458	60 days in a hospital-based outpatient setting, all others at NHFBL.
Nexviazyme (avalglucosidase alfa-ngpt)	J3590, C9399	60 days in a hospital-based outpatient setting, all others at NHFBL.
Nucala (mepolizumab)	J2182	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Ocrevus (ocrelizumab)	J2350	60 days in a hospital-based outpatient facility, all others at NHFBL.
Octagam	J1568	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
<i>Ogivri (Trastuzumab-dkst)<sup>§</sup></i>	Q5114	180 days in a hospital-based outpatient facility, all others at NHFBL.
<i>Ontruzant (Trastuzumab-dttb)<sup>§</sup></i>	Q5112	180 days in a hospital-based outpatient facility, all others at NHFBL.
<i>Opdivo (nivolumab)<sup>§</sup></i>	J9299, C9453	120 days in a hospital-based outpatient setting, all others at NHFBL.
Orencia (abatacept)	J0129, NOC 3590	IV – 45 days in a hospital-based outpatient facility, all others at NHFBL. SC – No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Palyngziq (pegvaliase-pqpz)	NOC C9399, J3590	21 days in a hospital-based outpatient facility, all others at NHFBL.
Privigen	J1459	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Prolastin/C (alpha1-proteinase inhibitor)	J0256	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Radicava (Edaravone)	J1301	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Remicade (infliximab)	J1745	75 days in a hospital-based outpatient setting, all others at NHFBL.
Remodulin (treprostinil)	J3285	20 days in a hospital-based outpatient facility, all others at NHFBL.
Renflexis (infliximab-abda)	Q5104	75 days in a hospital-based outpatient setting, all others at NHFBL.
Revcovi (elapegamase-ivlr)	NOC J3590, NOC C9399	No doses in a hospital outpatient setting. All doses need to be at NHFBL.

<b>Drug Name</b>	<b>HCPCS Code(s)</b>	<b>Site of Care Management- Days Allowed in Hospital-Based Outpatient Facility</b>
<i>Riabni (rituximab-arrx)</i> <sup>§</sup>	Q5123	90 days in a hospital-based outpatient setting, all others at NHFBL.
<i>Rituxan (rituximab)</i> <sup>§</sup>	J9312	90 days in a hospital-based outpatient setting, all others at NHFBL.
<i>Rituxan Hycela (rituximab and hyaluronidase human)</i> <sup>§</sup>	J9311	90 days in a hospital-based outpatient setting, all others at NHFBL.
Ruconest (recombinant C1 esterase inhibitor)	J0596	14 days in a hospital-based outpatient facility, all others at NHFBL.
<i>Ruxience (rituximab-pvvr)</i> <sup>§</sup>	Q5119	90 days in a hospital-based outpatient setting, all others at NHFBL.
Siliq (brodalumab)	NOC J3590, NOC C9399	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Simponi (golimumab)	J1602, NOC J3590	IV – 60 days in a hospital-based outpatient facility, all others at NHFBL. SQ – No doses in a hospital outpatient setting. All doses need to be at NHFBL.
Skyrizi (risankizumab)	J3490	No doses in a hospital outpatient setting. All doses need to be at NHFBL.
Skytrofa	NOC C9399, NOC J3590	No doses in a hospital outpatient setting. All doses need to be at NHFBL.
Soliris (eculizumab)	J1300	45 days in a hospital-based outpatient facility, all others at NHFBL.
Stelara (Ustekinumab)	J3357, J3358	IV– 45 days in a hospital-based outpatient facility, all others at NHFBL. SC– No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Tecentriq (atezolizumab)	J9022, C9483	120 days in a hospital-based outpatient setting, all others at NHFBL.
Takhzyro (lanadelumab)	J0593	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Tepezza (teprotumumab-trbw)	J3241	30 days in a hospital-based outpatient facility, all others at NHFBL.
Tegsedi (inotersen)	NOC C9399, NOC J3490	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
<i>Trazimera (trastuzumab-qyyp)</i> <sup>§</sup>	Q5116	180 days in a hospital-based outpatient facility, all others at NHFBL.
Tremfya (guselkumab)	J1628	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Trogarzo (ibalizumab-uiyk)	J1746	60 days in a hospital-based outpatient facility, all others at NHFBL.
<i>Truxima (rituximab-abbs)</i> <sup>§</sup>	Q5115	90 days in a hospital-based outpatient setting, all others at NHFBL.
Tyvaso (treprostinil)	J3285	45 days in a hospital-based outpatient facility, all others at NHFBL.
Ultomiris (ravulizumab-cwvz)	J1303	45 days in a hospital-based outpatient facility, all others at NHFBL.
Veletri (epoprostenol)	J1325	45 days in a hospital-based outpatient facility, all others at NHFBL.
Ventavis (iloprost)	Q4074	45 days in a hospital-based outpatient facility, all others at NHFBL.
Viltepso (viltolarsen)	J1427	30 days in a hospital-based outpatient facility, all others at NHFBL.
Vimizim (elosulfase alfa)	J1322	60 days in a hospital-based outpatient setting, all others at NHFBL.
Voxzogo (vosoritide)	NOC C9399, NOC J3490	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Vpriv (velaglucerase alfa)	J3385	30 days in a hospital-based outpatient facility, all others at NHFBL.
Vyleesi (bremelanotide)	NOC J3490	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Vyondys 53 (golodirsen)	J1429	30 days in a hospital-based outpatient facility, all others at NHFBL.
Xembify (immune globulin)	J1558	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.

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<i>Xgeva (denosumab)</i> <sup>§</sup>	J0897	90 days in a hospital-based outpatient setting, all others at NHFBL.
Xolair (omalizumab)	J2357	90 days in a hospital-based outpatient setting, all others at NHFBL.
<i>Yervoy (ipilimumab)</i> <sup>§</sup>	J9228	120 days in a hospital-based outpatient setting, all others at NHFBL.
Zemaira	J0256	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.

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](#).