



# MEDICAL MUTUAL®

## Medications Subject to Site of Care Management (Revised July 19, 2019)

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 had a severe adverse event from previous administration of the prescribed medication.
4. 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.
  - With dialysis.
5. The patient exhibits physical or cognitive impairment and a caregiver is not available to assist with safe administration of prescribed medication in the home.
6. It is the patient's first dose of the medication or it is being re-initiated after at least 12 months.\*
7. The patient experiences adverse events that cannot be managed by premedication or resources available at an NHFBL.

<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.

<b>Drug Name</b>	<b>HCPCS Code(s)</b>	<b>Medical Mutual Site of Care Requirements</b>
Actemra (tocilizumab)	J3262	IV – 2 doses 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.
Aimovig (ereenumab)	NOC J3590	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Ajovy (Fremanezumab-vfrm)	NOC J3590	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Aldurazyme (laronidase)	J1931	8 doses in a hospital-based outpatient setting, all others NHFBL.
Aralast/NP (alpha1-Proteinase inhibitors)	J0256	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Aranesp (darbepoetin alfa)	J0881	First dose in a hospital-based outpatient facility, all others at NHFBL.
Benlysta (belimumab)	J0490	IV-- Three doses 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.
Berinert (C1 esterase inhibitor)	J0597	First dose 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	First dose 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	First dose in a hospital-based outpatient facility, all others at NHFBL.
Cosentyx (secukinumab)	NOC J3590	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	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Elaprase (idursulfase)	J1743	8 doses in a hospital-based outpatient setting, all others at NHFBL.
Eleyso (taliglucerase alfa)	J3060	4 doses in a hospital-based outpatient setting, all others at NHFBL.
Emgality (Galcanezumab-gnlm)	NOC J3590	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.
Entyvio (vedolizumab)	J3380	3 doses in a hospital-based outpatient facility, all others at NHFBL.
Epogen (epoetin alfa)	J0885	First dose in a hospital-based outpatient facility, all others at NHFBL.
Evenity (romosozumab-aqqg)	J3490	First dose in a hospital-based outpatient facility, all others at NHFBL.
Exondys 51 (eteplirsen)	J1428	First dose in a hospital-based outpatient facility, all others at NHFBL.
Fabrazyme (agalsidase beta)	J0180	4 doses in a hospital-based outpatient setting, all others at NHFBL.
Firazyr (icatibant)	J1744	First dose 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	First dose in a hospital-based outpatient facility, all others at NHFBL.
Fulphilia (pegfilgrastim-jmdb)	Q5108	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.

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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.
Glassia (alpha1-proteinase inhibitor)	J0257	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Granix (tbo-filgrastim)	J1447	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Growth hormones (e.g., 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	First dose 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.
Ilumya (tildrakizumab-asmn)	J3245	2 doses in a hospital-based outpatient facility, all others 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	3 doses in a hospital-based outpatient setting, all others at NHFBL.
Interferon beta-1a and 1b (Avonex, Rebif, Plegridy, Betaseron, Extavia)	J1826, J1830, Q3027, Q3028	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Kalbitor (ecallantide)	J1290	First dose in a hospital-based outpatient facility, all others at NHFBL.
Kanuma (sebelipase alfa)	J2840	8 doses 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.
Kineret (anakinra)	NOC J3490	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Krystexxa (peglicase)	J2507	2 doses in a hospital-based outpatient facility, all others at NHFBL.
Leukine (sargmostim)	J2820	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Lumizyme (alglucosidase alfa)	J0221	4 doses in a hospital-based outpatient setting, all others at NHFBL.
Mepsevii (vestronidase Alfa-vjbk)	J3397	8 doses in a hospital-based outpatient setting, all others at NHFBL.
Mircera (epoetin beta)	J0888	First dose in a hospital-based outpatient facility, all others at NHFBL.
Myozyme (alglucosidase alfa)	J0220	4 doses in a hospital-based outpatient setting, all others at NHFBL.
Naglazyme (galsulfase)	J1458	8 doses in a hospital-based outpatient setting, all others at NHFBL.

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Neulasta (pegfilgrastim)	J2505	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Neupogen (filgrastim)	J1442	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Nivestym (filgrastim-aafi)	Q5110	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Nucala (mepolizumab)	J2182	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Ocrevus (ocrelizumab)	J2350	2 doses 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.
Orencia (abatacept)	J0129	IV – 2 doses 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.
Palynziq (pegvaliase-pqpz)	NOC C9399, J3590	First dose 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.
Procrit (epoetin alfa)	J0885	First dose in a hospital-based outpatient facility, all others at NHFBL.
Radicava (Edaravone)	J1301	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Remicade (infliximab)	J1745	3 doses in a hospital-based outpatient setting, all others at NHFBL.
Remodulin (treprostinil)	J3285	First dose in a hospital-based outpatient facility, all others at NHFBL.
Renflexis (infliximab-abda)	Q5104	3 doses in a hospital-based outpatient setting, all others at NHFBL.
Retacrit (epoetin alfa)	Q5106	First dose in a hospital-based outpatient facility, all others at NHFBL.
Revcovi (elapegademase-ivlr)	NOC J3590	No doses in a hospital outpatient setting. All doses need to be at NHFBL.
Ruconest (recombinant C1 esterase inhibitor)	J0596	First dose in a hospital-based outpatient facility, all others at NHFBL.
Simponi (golimumab)	J1602	IV – 2 doses 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.
Soliris (eculizumab)	J1300	First dose in a hospital-based outpatient facility, all others at NHFBL.
Stelara (Ustekinumab)	J3357, J3358	IV– First dose 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.
Takhzyro (lanadelumab)	NOC C9399, J3590	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Tegsedi (inotersen)	NOC C9399, J3490	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Tremfya (guselkumab)	J1628	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.

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Tyvaso (treprostinil)	J3285	First dose in a hospital-based outpatient facility, all others at NHFBL.
Udenyca (pegfilgrastim-cbqv)	Q5111	No doses in a hospital-based outpatient facility. All doses need to be at NHFBL.
Ultomiris (ravulizumab-cwvz)	NOC J3590	First dose in a hospital-based outpatient facility, all others at NHFBL.
Veletri (epoprostenol)	J1325	First dose in a hospital-based outpatient facility, all others at NHFBL.
Ventavis (iloprost)	Q4074	First dose in a hospital-based outpatient facility, all others at NHFBL.
Vimizim (elosulfase alfa)	J1322	8 doses in a hospital-based outpatient setting, all others at NHFBL.
Vpriv (velaglucerase alfa)	J3385	2 doses 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.
Zarxio (filgrastim-sndz)	Q5101	No doses in a hospital-based outpatient facility. All doses need to be 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](#).