



MEDICAL MUTUAL®

Medications Subject to Site of Care Management (Revised Feb 22, 2023)

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^{††}:

1. The patient is younger than 18 years.[†]
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.*

[†]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.

^{††}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.

| Drug Name | HCPCS Code(s) | Site of Care Management- Days Allowed in Hospital-Based Outpatient Facility |
|---|-----------------------------|---|
| 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. |
| <i>Adakveo (crizanlizumab-tmca)[§]</i> | J0791 | 60 days in a hospital-based outpatient setting, all others NHFBL. |
| Adbry (tralokinumab) | NOC J3590, NOC C9399 | No doses in a hospital-based outpatient facility. All doses need to be at NHFBL. |
| Aimovig (ereunumab) | 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. |
| <i>Amvuttra (vutrisiran)[§]</i> | NOC J3590, NOC C9399 | 90 days in a hospital-based outpatient setting, 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. |
| Berinert (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. |
| Briumvi (ublituximab-xiij) | J3590 | 60 days in a hospital-based outpatient facility, all others at NHFBL. |
| Cabenuva (cabtegravir/rilpivirine) | J0741 | 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. |
| <i>Cinqair (reslizumab)[§]</i> | J2786 | 90 days in a hospital-based outpatient facility, all others 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. |
| Eleyso (taliglucerase alfa) | J3060 | 60 days in a hospital-based outpatient setting, all others at NHFBL. |
| Elfabrio (pegunigalsidase alfa-iwxj) | NOC J3590 | 60 days in a hospital-based outpatient setting, all others at NHFBL. |
| Emgality (Galcanezumab- | NOC J3590, | No doses in a hospital-based outpatient facility. All doses need to |

| Drug Name | HCPCS Code(s) | Site of Care Management- Days Allowed in Hospital-Based Outpatient Facility |
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| gnlm) | NOC C9399 | 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. |
| Evkeeza (evinacumab-dgnb) | J1305 | No doses in a hospital-based outpatient facility. All doses need to be at NHFBL. |
| Exondys 51 (eteplirsen) | J1428 | 30 days in a hospital-based outpatient facility, all others at NHFBL. |
| 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)[§]</i> | J9355 | 180 days in a hospital-based outpatient facility, all others at NHFBL. |
| <i>Herceptin Hylecta (trastuzumab)[§]</i> | J9356 | 90 days in a hospital-based outpatient facility, all others at NHFBL. |
| <i>Herzuma (Trastuzumab-pkrb)[§]</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. |

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| 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, Betaseron, Extavia) | J1826, J1830, NOC J3490, Q3027, Q3028 | No doses in a hospital-based outpatient facility. All doses need to be at NHFBL. |
| Kalbitor (ecallantide) | J1290 | 14 days in a hospital-based outpatient facility, all others at NHFBL. |
| <i>Kanjinti (trastuzumab-anns)[§]</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)[§]</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. |
| Lamzede (velmanase alfa-tycv) | J3590 | 60 days in a hospital-based outpatient setting, all others at NHFBL. |
| <i>Lemtrada (alemtuzumab)[§]</i> | J0202 | 30 days in a hospital-based outpatient facility, all others at NHFBL. |
| Leqvio (inclisiran) | NOC J3490, C9399 | No doses in a hospital-based outpatient facility. All doses need to be at NHFBL. |
| Lumizyme (alglucosidase alfa) | J0221 | 60 days in a hospital-based outpatient setting, all others at NHFBL. |
| Mepsevii (vestronidase Alfa-vjbj) | 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. |
| <i>Nplate (romiplostim)[§]</i> | J2796 | 30 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)[§]</i> | Q5114 | 180 days in a hospital-based outpatient facility, all others at NHFBL. |
| OmvoH (mirikizumab) | NOC C9399, NOC J3590 | No doses in a hospital-based outpatient facility. All doses need to be at NHFBL. |

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| <i>Onpattro (patisiran sodium)</i> [§] | J0222 | 90 days in a hospital-based outpatient setting, all others at NHFBL. |
| <i>Ontruzant (Trastuzumab-dttb)</i> [§] | Q5112 | 180 days in a hospital-based outpatient facility, all others at NHFBL. |
| <i>Opdivo (nivolumab)</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. |
| <i>Oxlumo (lumasiran)</i> [§] | J0224 | No doses in a hospital-based outpatient facility. All doses need to be at NHFBL. |
| Palynziq (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. |
| <i>Prolia (denosumab)</i> [§] | J0897 | 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 (elapegademase-ivlr) | NOC J3590, NOC C9399 | No doses in a hospital outpatient setting. All doses need to be at NHFBL. |
| <i>Riabni (rituximab-arrx)</i> [§] | Q5123 | 90 days in a hospital-based outpatient setting, all others at NHFBL. |
| <i>Rituxan (rituximab)</i> [§] | J9312 | 90 days in a hospital-based outpatient setting, all others at NHFBL. |
| <i>Rituxan Hycela (rituximab and hyaluronidase human)</i> [§] | 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> [§] | Q5119 | 90 days in a hospital-based outpatient setting, all others at NHFBL. |
| Saphnelo (anifrolumab-fnia) | J0491 | No doses in a hospital outpatient setting. All doses need to be 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. |

| Drug Name | HCPCS Code(s) | Site of Care Management- Days Allowed in Hospital-Based Outpatient Facility |
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| 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. |
| <i>Tecentriq (atezolizumab)</i> [§] | 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. |
| Tezspire (Tezepelumab-ekko) | NOC C9399, NOC J3490 | No doses in a hospital-based outpatient facility. All doses need to be at NHFBL. |
| Tofidence (tocilizumab-bavi) | NOC C9399, NOC J3590 | 75 days in a hospital-based outpatient facility, all others at NHFBL. |
| <i>Trazimera (trastuzumab-qyyp)</i> [§] | 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> [§] | Q5115 | 90 days in a hospital-based outpatient setting, all others at NHFBL. |
| <i>Tysabri (natalizumab)</i> [§] | J2323 | 90 days in a hospital-based outpatient setting, all others at NHFBL. |
| <i>Tyruko (natalizumab-sztn)</i> [§] | NOC J3590 | 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. |
| <i>Uplizna (ineblizumab-cdon)</i> [§] | J1823 | 30 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. |
| Viltepsa (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. |
| Vyepti (eptinezumab-jjmr) | J3032 | No doses in a hospital-based outpatient facility. All doses need to be 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. |
| Vyvgart Hytrulo (efartigimod alfa-fcab and hyaluronidase-qvfc) | J3590 | No doses in a hospital-based outpatient facility. All doses need to be at NHFBL. |
| Xembify (immune globulin) | J1558 | No doses in a hospital-based outpatient facility. All doses need to be at NHFBL. |
| <i>Xgeva (denosumab)</i> [§] | 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> [§] | 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 and select Tools & Resources, Care Management > [Corporate Medical Policies](#).

