

Specialty Care Medication

Site of Care Injectable/Infusible Updated Drug List

Effective, August 1, 2018, McLaren Health Plan, Inc. (MHP) has implemented *Site of Care* requirements of specialty care medications for Community and McLaren Health Advantage lines of business. The MHP *Site of Care* guidelines require the following list of injectable or infusible drugs to be administered **only** in a non-facility setting, such as the patient's home or a non-hospital affiliated infusion center. Infusions for these medications are excluded from reimbursement when administered in a hospital outpatient infusion center. In addition, the medications listed below require pre-authorization, regardless of the site of care. Codes are updated on a quarterly basis; new additions have been **highlighted below**. Specialty care medications are as follows:

| HCPCS Code | Drug Name | HCPCS Code | Drug Name | HCPCS Code | Drug Name |
|------------|------------|------------|----------------------------|------------|--------------|
| J3262 | Actemra | J0517 | Fasenra | J9299 | Opdivo |
| J0172 | Aduhelm | J1744 | Firazyr | J0129 | Orencia |
| J1931 | Aldurazyme | J1572 | Flebogamma | J1459 | Privigen |
| J0739 | Apretude | J1460 | GamaSTAN | J0256 | Prolastin |
| J1554 | Asceniv | J1560 | GamaSTAN S-D | J0897 | Prolia/Xgeva |
| Q5121 | Avsola | J1569 | Gammagard | J1745 | Remicade |
| J0490 | Benlysta | J1557 | Gammaplex | Q5104 | Renflexis |
| J0597 | Berinert | J1561 | Gamunex | J1602 | Simponi Aria |
| J1556 | Bivigam | J1559 | Hizentra | J2327 | Skyrizi |
| J2329 | Briumvi | J1575 | Hyqvia | J1300 | Soliris |
| J0741 | Cabenuva | J9173 | Imfinzi | J2326 | Spinraza |
| J1786 | Cerezyme | Q5103 | Inflectra | J3357 | Stelara IV |
| J0717 | Cimzia | J1566 | IVIG; Immune Globulin, NOS | J3358 | Stelara Inj |
| J0598 | Cinryze | J1599 | IVIG; Immune Globulin, NOS | J3241 | Tepezza |
| J0584 | Crysvita | J9272 | Jempreli | J2323 | Tysabri |
| J1743 | Elaprase | J9271 | Keytruda | J1303 | Ultomiris |
| J3060 | Elelyso | J0202 | Lemtrada | J3385 | Vpriv |
| J1302 | Enjaymo | J0221 | Lumizyme | J3032 | Vyepti |
| J3380 | Entyvio | J3398 | Luxturna | J0218 | Xenpozyme |
| J3111 | Evenity | J2182 | Nucala | J2357 | Xolair |
| J1428 | Exondys | J2350 | Ocrevus | J9228 | Yervoy |
| J0180 | Fabrazyme | J1568 | Octagam | J1746 | Trogarzo |

All MHP Community and McLaren Health Advantage members are required to receive the above injectable/infusible specialty care medications in a non-facility setting, such as the patient's home or non-hospital affiliated infusion center. Exceptions may be made when an authorization request is submitted by a physician. The request should include supporting documentation, which MHP will review, indicating the contraindications for a member to receive these medications in their home or in an infusion center.

Prescribers and members will receive advance notification if they are impacted by these *Site of Care* requirements.

If you have any questions regarding the specialty care medication *Site of Care* requirements, please call Customer Service at 888-327-0671 (TTY: 711).