

Specialty Care Medication Site of Care Injectable/Infusible Required Drug List

Effective August 1, 2018, McLaren Health Plan, Inc. (MHP) is implementing Specialty Care Medication Site of Care Requirements for MHP 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. Specialty Care Medications are as follows:

Brand Name	HCPCS code
Actemra	J3262
Aldurazyme	J1931
Benlysta	J0490
Berinert	J0597
Bivigam	J1556
Cerezyme	J1786
Cimzia	J0717
Cinryze	J0598
Elaprase	J1743
Elelyso	J3060
Entyvio	J3380
Fabrazyme	J0180
Flebogamma	J1572
Gammagard	J1569
Gammagard S/D	J1566

Brand Name	HCPCS code
Gammaplex	J1557
Gamunex	J1561
Immune Globulin	J1599
Inflectra	Q5103
Lumizyme	J0221
Naglazyme	J1428
Octagam	J1568
Orencia	J0129
Privigen	J1459
Remicade	J1745
Renflexis	Q5104
Simponi Aria	J1602
Soliris	J1300
Stelara	J3357
VPRIV	J3385

All MHP Community and McLaren Health Advantage members are required to receive their 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.