

UPDATE: Specialty Care Medication Site of Care/Infusible Updated Drug List

McLaren Health Plan has specialty care medication Site of Care requirements for Community and McLaren Health Advantage lines of business. Effective May 1, 2024, the medication list will include the following codes (yellow):

BRAND NAME	CODES
Acterma	J3262
Aduhelm	J0172
Aldurazyme	J1931
Apretude	J0739
Acseniv	J1554
Avsola	Q5121
Benlysta	J0490
Berinert	J0597
Bivigam	J1556
Briumvi	J2329
Cabenuva	J0741
Cerezyme	J1786
Cimzia	J0717
Cinryze	J0598
Crysvita	J0584
Elaprase	J1743
Elleyso	J3060
Enjaymo	J1302
Entyvio	J3380
Evenity	J3111
Fabrazyme	J0180
Fasenra	J0517
Firazyr	J1744

BRAND NAME	CODES
Flebogamma	J1752
Gamma Globulin	J1460
Gamma Globulin	J1560
Gammagard	J1569
Gammagard S/D	J1566
Gammaked	J1561
Gammaplex	J1557
Gamunex	J1561
Hizentra	J1559
Hyqvia	J1575
Imfinzi	J9173
Immune Globulin	J1599
Inflectra	Q5103
Jempreli	J9272
Keytruda	J9271
Lemtrada	J0202
Lumizyme	J0221
Luxturna	J3398
Naglazyme	J1428
Nucala	J2182
Ocrevus	J2350
Octagam	J1568
Opdivo	J9299

BRAND NAME	CODES
Orencia	J0129
Privigen	J1459
Prolastin C	J0256
Prolea	J0897
Remicade	J1745
Renflexis	Q5104
Simponi Aria	J1602
Skyrizi	J2327
Soliris	J1300
Spinraza	J2326
Stelara	J3357
Stelara IV	J3358
Tepezza	J3241
Trograzo	J1746
Tysabri	J2323
Ultomiris	J1303
VPRIV	J3385
Vyepti	J3032
Xenpozyme	J0218
Xgeva	J0897
Xolair	J2357
Yervoy	J9228
Zemaira	J0256

MHP Site of Care guidelines require these 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 above may require preauthorization, regardless of site of care. Refer to the Service Codes Requiring Preauthorization list at [McLarenHealthPlan.org](https://www.mclarenhealthplan.org) > Providers > Medical Management and Authorization > Referral and Authorization Guidelines.

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, please contact your Provider Relations Representative at 888-327-0761 (TTY: 711) for assistance.

McLaren Health Plan thanks you for the quality care you deliver!