

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 August 1, 2024, the medication list will include the following codes (yellow):

BRAND NAME	CODES	BRAND NAME	CODES	BRAND NAME	CODES
Acterma	J3262	Gamma Globulin	J1560	Prolastin C	J0256
Aduhelm	J0172	Gammagard	J1569	Prolia	J0897
Aldurazyme	J1931	Gammagard S/D	J1566	Reblozyl	J0896
Alpha 1 Proteinase Inhibitor	J0256 S9346	Gammaked	J1561	Remicade	J1745
Apretude	J0739	Gammaplex	J1557	Renflexis	Q5104
Acseniv	J1554	Gamunex	J1561	Ruconest	J0596
Amondys 45	J1426	Glassia	J0257	Ryplazim	J2998
Amvuttra	J0225	Hemlibra	J7170	Simponi Aria	J1602
Avsola	Q5121	Hizentra	J1559	Skyrizi	J2327
Benlysta	J0490	Hyqvia	J1575	Soliris	J1300
Berinert	J0597	Ilumya	J3245	Spinraza	J2326
Bivigam	J1556	Imfinzi	J9173	Stelara	J3357
Briumvi	J2329	Immune Globulin	J1599	Stelara IV	J3358
Cabenuva	J0741	Inflectra	Q5103	Tepezza	J3241
Carimune	J1566	Jempreli	J9272	Tezspire	J2356
Cerezyme	J1786	Kalbitor	J1290	Trograzo	J1746
Cimzia	J0717	Keytruda	J9271	Tysabri	J2323
Cinryze	J0598	Lemtrada	J0202	Ultomiris	J1303
Crysvita	J0584	Lumizyme	J0221	Vimizim	J1322
Elaprase	J1743	Luxturna	J3398	VPRIV	J3385
ElELYso	J3060	Naglazyme	J1428	Vyepti	J3032
Enjaymo	J1302	Nexviazyme	J0219	Vyondys 53	J1429
Entyvio	J3380	Nucala	J2182	Xenpozyme	J0218
Evenity	J3111	Ocrevus	J2350	Xgeva	J0897
Evkeeza	J1305	Octagam	J1568	Xolair	J2357
Fabrazyme	J0180	Onpattro	J0222	Yervoy	J9228
Fasenra	J0517	Opdivo	J9299	Zemaira	J0256
Firazyr	J1744	Orencia	J0129	Zynyz	J9345
Flebogamma	J1752	Panzyga	J1599		
Gamma Globulin	J1460	Privigen	J1459		

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!