

Specialty Drug Site-of-Care Policy

PHP encourages a strong relationship between our Members and Providers, while providing cost-effective care. The following list of medications require administration to occur in a non-facility setting, such as in your office or by a home infusion provider.

| Medication brand names | Generic name | HCPCS codes |
|---|------------------|---|
| Synagis** | palivizumab | 90378 |
| Orencia** | abatacept | J0129 |
| Benlysta | belimumab | J0490 |
| Fasenra** | benralizumab | J0517 |
| Xgeva, Prolia | denosumab | J0897 |
| Privigen, Asceniv, Cuvitru, Bivigam, Gammaplex, Xembify, Hizentra, Gamunex-C/Gammaked, Carimune NF, Octagam, Gammagard, Flebogamma, Hyqvia, Pangyza, Cutaquig | immune globulin | J1459, J1554,J1555, J1556, J1557,J1558, J1559, J1561,J1566, J1568, J1569,J1572, J1575, J1599, J3590 |
| Simponi Aria | golimumab | J1602 |
| Remicade, Inflectra, Renflexis | infliximab | J1745, Q5103, Q5104 |
| Nucala** | mepolizumab | J2182 |
| Ocrevus | ocrelizumab | J2350 |
| Xolair | omalizumab | J2357 |
| Cinqair** | reslizumab | J2786 |
| Vyepti** | eptinezumab-jjmr | J3032 |
| Actemra** | tocilizumab | J3262 |
| Stelara | ustekinumab | J3357 |
| Entyvio | vedolizumab | J3380 |
| Evkeeza** | evinacumab-dgnb | J3490 |

**Medications added effective 10/1/2022.

Place of service exceptions may be made when submitting a prior approval request. **Prior approval of the medication is required before outpatient administration, regardless of the site of service.** This program does not include oncology medications. This program does not apply to the self-funded SHS products (groups L0001269 or L0000264) or Michigan Medicine products (L0002184).

If you have questions regarding the PHP site-of-care policy, please visit our website at PHPMichigan.com/Providers or contact PHP Customer Service at 800.832.9186.