

Specialty Drug Administration – Alternative Site of Care (Drug List, v.4)

Therapy information for health care professionals

Applies to the following specialty drugs administered by a health care professional:

- Codes sorted by drug name; see [Table 2](#) for list of codes sorted numerically.
- See [Change History](#) table at end of document for a summary of changes made for the current version.

Table 1: Specialty Drug	HCPCS	Code Description	Effective [‡]
Abelcet	J0287	Injection, amphotericin b lipid complex, 10 mg	11/01/2023
acetaminophen	J0131	Injection, acetaminophen, 10 mg	11/01/2023
acetaminophen (B. Braun)	J0136	Injection, acetaminophen (B. Braun) not therapeutically equivalent to J0131, 10 mg	11/01/2023
acetaminophen (Fresenius Kabi)	J0134	Injection, acetaminophen (Fresenius Kabi) not therapeutically equivalent to J0131, 10 mg	11/01/2023
acetaminophen (Hikma)	J0137	Injection, acetaminophen (Hikma) not therapeutically equivalent to J0131, 10 mg	11/01/2023
Actemra	J3262	Injection, tocilizumab, 1 mg	05/01/2024
acyclovir	J0133	Injection, acyclovir, 5 mg	05/01/2024
Adakveo	J0791	Injection, crizanlizumab-tmca, 5 mg	05/01/2024
Aduhelm	J0172	Injection, aducanumab-avwa, 2 mg	05/01/2024
Aldurazyme	J1931	Injection, laronidase, 0.1 mg	05/01/2024
amikacin	J0278	Injection, amikacin sulfate, 100 mg	11/01/2023
Amondys 45	J1426	Injection, casimersen, 10 mg	06/01/2023
Amphotec	J0288	Injection, amphotericin b cholesteryl sulfate complex, 10 mg	11/01/2023
amphotericin B	J0285	Injection, amphotericin b, 50 mg	11/01/2023
amphotericin B liposome	J0289	Injection, amphotericin b liposome, 10 mg	11/01/2023
ampicillin sodium	J0290	Injection, ampicillin sodium, 500 mg	11/01/2023
ampicillin-sulbactam	J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g	11/01/2023
Amvuttra	J0225	Injection, vutrisiran, 1 mg	05/01/2024
Aralast NP	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	05/01/2024
Asceniv	J1554	Injection, immune globulin (asceniv), 500 mg	11/01/2023
Avsola	Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	05/01/2024
azithromycin	J0456	Injection, azithromycin, 500 mg	11/01/2023
aztreonam	J0457	Injection, aztreonam, 100 mg	05/01/2024
baclofen	J0475	Injection, baclofen, 10 mg	05/01/2024
Benlysta	J0490	Injection, belimumab, 10 mg	05/01/2024
Berinert	J0597	Injection, C1 esterase inhibitor (human), Berinert, 10 units	05/01/2024
Bicillin C-R	J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	11/01/2023
Bicillin L-A	J0561	Injection, penicillin G benzathine, 100,000 units	11/01/2023
Bivigam	J1556	Injection, immune globulin (bivigam), 500 mg	11/01/2023
bleomycin sulfate	J9040	Injection, bleomycin sulfate, 15 units	05/01/2024
Blinicyto	J9039	Injection, blinatumomab, 1 mcg	05/01/2024
calcium gluconate	J0612	Injection, calcium gluconate, not otherwise specified, 10 mg	04/01/2024
calcium gluconate (WG Critical Care)	J0613	Injection, calcium gluconate (WG Critical Care), not therapeutically equivalent to J0612, 10 mg	04/01/2024
casprofungin acetate	J0637	Injection, casprofungin acetate, 5 mg	05/01/2024

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Table I: Specialty Drug	HCPCS	Code Description	Effective [‡]
cefazolin sodium	J0690	Injection, cefazolin sodium, 500 mg	11/01/2023
cefazolin sodium (Baxter)	J0689	Injection, cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg	11/01/2023
cefazolin sodium (Hikma)	J0688	Injection, cefazolin sodium (hikma), not therapeutically equivalent to J0690, 500 mg	05/01/2024
cefepime HCl	J0692	Injection, cefepime HCl, 500 mg	11/01/2023
cefotaxime sodium	J0698	Injection, cefotaxime sodium, per g	05/01/2024
cefoxitin sodium	J0694	Injection, cefoxitin sodium, 1 g	11/01/2023
ceftazidime	J0713	Injection, ceftazidime, per 500 mg	11/01/2023
ceftizoxime sodium	J0715	Injection, ceftizoxime sodium, per 500 mg	11/01/2023
ceftriaxone sodium	J0696	Injection, ceftriaxone sodium, per 250 mg	11/01/2023
cefuroxime sodium	J0697	Injection, sterile cefuroxime sodium, per 750 mg	11/01/2023
Cerezyme	J1786	Injection, imiglucerase, 10 units	05/01/2024
chloramphenicol sodium succinate	J0720	Injection, chloramphenicol sodium succinate, up to 1 g	05/01/2024
chlorothiazide sodium	J1205	Injection, chlorothiazide sodium, per 500 mg	05/01/2024
Cimzia	J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	05/01/2024
Cinqair	J2786	Injection, reslizumab, 1 mg	05/01/2024
Cinryze	J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	05/01/2024
Cinvanti	J0185	Injection, aprepitant, 1 mg	05/01/2024
ciprofloxacin	J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	11/01/2023
cladribine	J9065	Injection, cladribine, per 1 mg	05/01/2024
clindamycin phosphate	J0736	Injection, clindamycin phosphate, 300 mg	11/01/2023
clindamycin phosphate (Baxter)	J0737	Injection, clindamycin phosphate (Baxter), not therapeutically equivalent to J0736, 300 mg	11/01/2023
colistimethate sodium	J0770	Injection, colistimethate sodium, up to 150 mg	05/01/2024
Cresemba	J1833	Injection, isavuconazonium, 1 mg	05/01/2024
Crysvita	J0584	Injection, burosumab-twza, 1 mg	05/01/2024
Cutaquig	J1551	Injection, immune globulin (Cutaquig), 100 mg	11/01/2023
Cuvitru	J1555	Injection, immune globulin (cuvitru), 100 mg	11/01/2023
cyanocobalamin	J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	05/01/2024
cytarabine	J9100	Injection, cytarabine, 100 mg	05/01/2024
Cytogam	J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	05/01/2024
daptomycin	J0878	Injection, daptomycin, 1 mg	11/01/2023
daptomycin (Baxter)	J0874	Injection, daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg	05/01/2024
daptomycin (Hospira)	J0877	Injection, daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg	11/01/2023
daptomycin (Xellia)	J0873	Injection, daptomycin (xellia) not therapeutically equivalent to J0878 or J0873, 1 mg	05/01/2024
daptomycin (Xellia, unrefrigerated)	J0872	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to J0878 or J0873, 1 mg	07/01/2024
deferoxamine mesylate	J0895	Injection, deferoxamine mesylate, 500 mg	05/01/2024
dexamethasone sodium phosphate	J1100	Injection, dexamethasone sodium phosphate, 1 mg	05/01/2024
dextrose	J7060	5% dextrose/water (500 ml = 1 unit)	05/01/2024
dextrose	J7070	Infusion, D-5-W, 1,000 cc	05/01/2024
dextrose - sodium chloride	J7042	5% dextrose/normal saline (500 ml = 1 unit)	05/01/2024

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Table I: Specialty Drug	HCPCS	Code Description	Effective [‡]
dextrose in lactated ringers solution	J7121	5% dextrose in lactated ringers infusion, up to 1000 cc	05/01/2024
diphenhydramine	J1200	Injection, diphenhydramine HCl, up to 50 mg	05/01/2024
dobutamine hcl	J1250	Injection, dobutamine hydrochloride, per 250 mg	05/01/2024
dopamine hcl	J1265	Injection, dopamine hcl, 40 mg	05/01/2024
doxorubicin HCl	J9000	Injection, doxorubicin hydrochloride, 10 mg	05/01/2024
Duopa	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	05/01/2024
Elaprase	J1743	Injection, idursulfase, 1 mg	06/01/2023
Elelyso	J3060	Injection, taliglucerase alfa, 10 units	05/01/2024
Elfabrio	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	05/01/2024
Entyvio	J3380	Injection, vedolizumab, 1 mg	05/01/2024
epoprostenol	J1325	Injection, epoprostenol, 0.5 mg	05/01/2024
Eraxis	J0348	Injection, anidulafungin, 1 mg	05/01/2024
ertapenem	J1335	Injection, ertapenem sodium, 500 mg	11/01/2023
erythromycin lactobionate	J1364	Injection, erythromycin lactobionate, per 500 mg	11/01/2023
Evenity	J3111	Injection, romosozumab-aqqg, 1 mg	05/01/2024
Evkeeza	J1305	Injection, evinacumab-dgnb, 5 mg	05/01/2024
Exondys 51	J1428	Injection, eteplirsen, 10 mg	06/01/2023
Fabrazyme	J0180	Injection, agalsidase beta 1 mg	05/01/2024
Fasenra	J0517	Injection, benralizumab, 1 mg	05/01/2024
fentanyl citrate	J3010	Injection, fentanyl citrate, 0.1 mg	05/01/2024
Flebogamma DIF	J1572	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, nonlyophilized (e.g., liquid), 500 mg	11/01/2023
fluconazole	J1450	Injection, fluconazole, 200 mg	05/01/2024
fluorouracil	J9190	Injection, fluorouracil, 500 mg	05/01/2024
fosaprepitant	J1453	Injection, fosaprepitant, 1 mg	05/01/2024
foscarnet sodium	J1455	Injection, foscarnet sodium, per 1000 mg	05/01/2024
furosemide	J1940	Injection, furosemide, up to 20 mg	05/01/2024
Gammagard 5% S/D	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	11/01/2023
Gammagard Liquid	J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	11/01/2023
Gammaplex	J1557	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	11/01/2023
Gamunex-C/ Gammaked	J1561	Injection, immune globulin, (gamunex-c/ gammaked), non-lyophilized (e.g. liquid), 500 mg	11/01/2023
ganciclovir solution	J1570	Injection, ganciclovir sodium, 500 mg	11/01/2023
gentamicin sulfate	J1580	Injection, garamycin, gentamicin, up to 80 mg	05/01/2024
Givlaari	J0223	Injection, givosiran, 0.5 mg	05/01/2024
Glassia	J0257	Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg	05/01/2024
granisetron HCl	J1626	Injection, granisetron HCl, 100 mcg	05/01/2024
Haegarda	J0599	Injection, C1 esterase inhibitor (human), (Haegarda), 10 units	05/01/2024
HepaGam B	J1573	Injection, hepatitis B immune globulin (HepaGam B), intravenous, 0.5 ml	05/01/2024
heparin sodium	J1643	Injection, heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units	05/01/2024
heparin sodium	J1644	Injection, Heparin sodium, per 1000 units	05/01/2024
Hizentra	J1559	Injection, immune globulin (hizentra), 100mg	11/01/2023
hydromorphone	J1170	Injection, hydromorphone, up to 4 mg	05/01/2024
hydroxocobalamin	J3425	Injection, hydroxocobalamin, 10 mcg	05/01/2024

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hydroxocobalamin (IV)	J3424	Injection, hydroxocobalamin, IV, 25 mg	04/01/2024
Hyqvia	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immune globulin	11/01/2023
ibandronate sodium	J1740	Injection, ibandronate sodium, 1 mg	05/01/2024
icatibant acetate	J1744	Injection, icatibant, 1 mg	05/01/2024
Ilaris	J0638	Injection, canakinumab, 1 mg	05/01/2024
Ilumya	J3245	Injection, tildrakizumab, 1 mg	05/01/2024
imipenem and cilastatin	J0743	Injection, cilastatin sodium; imipenem, per 250 mg	11/01/2023
Inflectra	Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	05/01/2024
Kanuma	J2840	Injection, sebelipase alfa, 1 mg	05/01/2024
ketorolac tromethamine	J1885	Injection, ketorolac tromethamine, per 15 mg	05/01/2024
lactated ringers solution	J7120	Ringers lactate infusion, up to 1,000 cc	05/01/2024
Leqembi	J0174	Injection, lecanemab-irmb, 1 mg	05/01/2024
levofloxacin	J1956	Injection, levofloxacin, 250 mg	05/01/2024
linezolid	J2020	Injection, linezolid, 200 mg	05/01/2024
Lumizyme	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	05/01/2024
magnesium sulfate	J3475	Injection, magnesium sulfate, per 500 mg	05/01/2024
meperidine HCl	J2175	Injection, meperidine hydrochloride, per 100 mg	05/01/2024
Mepsevii	J3397	Injection, vestronidase alfa-vjbc, 1 mg	05/01/2024
meropenem	J2185	Injection, meropenem, 100 mg	11/01/2023
meropenem (B. Braun)	J2184	Injection, meropenem (B. Braun) not therapeutically equivalent to J2185, 100 mg	11/01/2023
meropenem (WVG Critical Care)	J2183	Injection, meropenem (wg critical care), not therapeutically equivalent to J2185, 100 mg	07/01/2024
methadone hcl	J1230	Injection, methadone HCl, up to 10 mg	05/01/2024
methocarbamol	J2800	Injection, methocarbamol, up to 10 ml	05/01/2024
methotrexate	J9260	Injection, methotrexate sodium, 50 mg	04/01/2024
methotrexate (Accord)	J9255	Injection, methotrexate (accord), not therapeutically equivalent to J9260, 50 mg	01/01/2024
metoclopramide	J2765	Injection, metoclopramide HCl, up to 10 mg	05/01/2024
metronidazole	J1836	Injection, metronidazole, 10 mg	05/01/2024
miconazole sodium	J2248	Injection, miconazole sodium, 1 mg	05/01/2024
miconazole sodium (Baxter)	J2246	Injection, miconazole sodium (baxter), not therapeutically equivalent to J2248, 1 mg	07/01/2024
miconazole sodium (Par Pharm)	J2247	Injection, miconazole sodium (par pharm) not therapeutically equivalent to J2248, 1 mg	05/01/2024
milrinone lactate	J2260	Injection, milrinone lactate, 5 mg	05/01/2024
minocycline	J2265	Injection, minocycline HCl, 1 mg	11/01/2023
morphine sulfate	J2270	Injection, morphine sulfate, up to 10 mg	05/01/2024
morphine sulfate	J2272	Injection, morphine sulfate (Fresenius Kabi) not therapeutically equivalent to J2270, up to 10 mg	05/01/2024
moxifloxacin HCl	J2280	Injection, moxifloxacin, 100 mg	11/01/2023
Naglazyme	J1458	Injection, galsulfase, 1 mg	05/01/2024
Nexvazyme	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	05/01/2024
normal saline	J7050	Infusion, normal saline solution, 250 cc	05/01/2024
Nucala	J2182	Injection, mepolizumab, 1 mg	05/01/2024
Nulojix	J0485	Injection, belatacept, 1 mg	05/01/2024
Nuzyra (injection)	J0121	Injection, omadacycline, 1 mg	11/01/2023
Ocrevus	J2350	Injection, ocrelizumab, 1 mg	05/01/2024
Octagam	J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	11/01/2023
OmvoH	J2267	Injection, mirikizumab-mrkz, 1 mg	07/01/2024

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ondansetron	J2405	Injection, ondansetron HCl, per 1 mg	05/01/2024
Onpattro	J0222	Injection, patisiran, 0.1 mg	05/01/2024
Orencia	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	05/01/2024
orphenadrine citrate	J2360	Injection, orphenadrine citrate, up to 60 mg	05/01/2024
oxacillin sodium	J2700	Injection, oxacillin sodium, up to 250 mg	05/01/2024
Oxlumo	J0224	Injection, lumasiran, 0.5 mg	05/01/2024
palonosetron hcl	J2469	Injection, palonosetron HCl, 25 mcg	05/01/2024
palonosetron hcl (Avyxa)	J2468	Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to J2469, 25 micrograms	07/01/2024
pamidronate disodium	J2430	Injection, pamidronate disodium, per 30 mg	05/01/2024
Panzyga	J1576	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	11/01/2023
penicillin G potassium	J2540	Injection, penicillin G potassium, up to 600,000 units	11/01/2023
piperacillin and tazobactam	J2543	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	11/01/2023
potassium chloride	J3480	Injection, potassium chloride, per 2 mEq	05/01/2024
Privigen	J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500	11/01/2023
prochlorperazine edisylate	J0780	Injection, prochlorperazine, up to 10 mg	05/01/2024
Prolastin-C	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	05/01/2024
Prolia	J0897	Injection, denosumab, 1 mg	05/01/2024
promethazine HCl	J2550	Injection, promethazine HCl, up to 50 mg	05/01/2024
pyridoxine HCl	J3415	Injection, pyridoxine HCl, 100 mg	05/01/2024
Radicava	J1301	Injection, edaravone, 1 mg	05/01/2024
Recarbrio	J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	11/01/2023
Remicade	J1745	Injection, infliximab, excludes biosimilar, 10 mg	05/01/2024
Renflexis	Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	05/01/2024
Simponi Aria	J1602	Injection, golimumab, 1 mg, for intravenous use	05/01/2024
Sivextro	J3090	Injection, tedizolid phosphate, 1 mg	05/01/2024
Skyrizi (IV)	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	05/01/2024
sodium chloride	J7030	Infusion, normal saline solution, 1,000 cc	05/01/2024
sodium chloride	J7040	Infusion, normal saline solution, sterile (500 ml=1 unit)	05/01/2024
Soliris	J1300	Injection, eculizumab, 10 mg	05/01/2024
Solu-Cortef	J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	05/01/2024
Stelara	J3358	Ustekinumab, for intravenous injection, 1 mg	05/01/2024
streptomycin sulfate	J3000	Injection, streptomycin, up to 1 g	05/01/2024
Sustol	J1627	Injection, granisetron, extended-release, 0.1 mg	05/01/2024
Teflaro	J0712	Injection, ceftaroline fosamil, 10 mg	11/01/2023
Tepezza	J3241	Injection, teprotumumab-trbw, 10 mg	05/01/2024
Tezspire	J2356	Injection, tezepelumab-ekko, 1 mg	05/01/2024
tigecycline	J3243	Injection, tigecycline, 1 mg	05/01/2024
tigecycline	J3244	Injection, tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg	05/01/2024
tobramycin sulfate	J3260	Injection, tobramycin sulfate, up to 80 mg	11/01/2023
Tofidence	Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	04/01/2024
treprostinil	J3285	Injection, treprostinil, 1 mg	05/01/2024
trimethobenzamide	J3250	Injection, trimethobenzamide HCl, up to 200 mg	05/01/2024
Trogarzo	J1746	Injection, ibalizumab-uiyk, 10 mg	05/01/2024

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Ultomiris	J1303	Injection, ravulizumab-cwvz, 10 mg	05/01/2024
Uplizna	J1823	Injection, inebilizumab-cdon, 1 mg	05/01/2024
Vabomere	J2186	Injection, meropenem, vaborbactam, 10 mg/10 mg, (20 mg)	11/01/2023
vancomycin HCl	J3370	Injection, vancomycin HCl, 500 mg	11/01/2023
Vibativ	J3095	Injection, telavancin, 10 mg	05/01/2024
Viltepso	J1427	Injection, viltolarsen, 10 mg	06/01/2023
vinblastine sulfate	J9360	Injection, vinblastine sulfate, 1 mg	05/01/2024
vincristine sulfate	J9370	Injection, vincristine sulfate, 1 mg	05/01/2024
Vivaglobin	J1562	Injection, immune globulin (vivaglobin), 100 mg	11/01/2023
voriconazole	J3465	Injection, voriconazole, 10 mg	05/01/2024
VPRIV	J3385	Injection, velaglycerase alfa, 100 units	05/01/2024
Vyepti	J3032	Injection, eptinezumab-jjmr, 1 mg	05/01/2024
Vyjuvek	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5x10 ⁹ pfu/ml vector genomes, per 0.1 mL	05/01/2024
Vyondys 53	J1429	Injection, golodirsen, 10 mg	06/01/2023
Vyvgart	J9332	Injection, efgartigimod alfa-fcab, 2 mg	05/01/2024
Vyvgart Hytrulo	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	05/01/2024
Wezlana (IV)	Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	07/01/2024
Xembify	J1558	Injection, immune globulin (xembify), 100mg	11/01/2023
Xenleta	J0691	Injection, lefamulin, 1 mg	11/01/2023
Xenpozyme	J0218	Injection, olipudase alfa-rpcp, 1 mg	05/01/2024
Xerava	J0122	Injection, eravacycline, 1 mg	11/01/2023
Xolair	J2357	Injection, omalizumab, 5 mg	05/01/2024
Zemaira	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	05/01/2024
Zemdri	J0291	Injection, plazomicin, 5 mg	05/01/2024
zoledronic acid	J3489	Injection, zoledronic acid, 1 mg	05/01/2024
Zymfentra	J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	07/01/2024

Table 2: Code List (sorted into columns by HCPCS)											
J0121	J0257	J0598	J0736	J1230	J1554	J1643	J2183	J2468	J3244	J7030	J9370
J0122	J0278	J0599	J0737	J1250	J1555	J1644	J2184	J2469	J3245	J7040	Q5103
J0129	J0285	J0612	J0742	J1265	J1556	J1720	J2185	J2508	J3250	J7042	Q5104
J0131	J0287	J0613	J0743	J1300	J1557	J1740	J2186	J2540	J3260	J7050	Q5121
J0133	J0288	J0637	J0744	J1301	J1558	J1743	J2246	J2543	J3262	J7060	Q5133
J0134	J0289	J0638	J0770	J1303	J1559	J1744	J2247	J2550	J3285	J7070	Q5138
J0136	J0290	J0688	J0780	J1305	J1561	J1745	J2248	J2700	J3358	J7120	
J0137	J0291	J0689	J0791	J1325	J1562	J1746	J2260	J2765	J3370	J7121	
J0172	J0295	J0690	J0850	J1335	J1566	J1748	J2265	J2786	J3380	J7340	
J0174	J0348	J0691	J0872	J1364	J1568	J1786	J2267	J2800	J3385	J9000	
J0180	J0456	J0692	J0873	J1426	J1569	J1823	J2270	J2840	J3397	J9039	
J0185	J0457	J0694	J0874	J1427	J1570	J1833	J2272	J3000	J3401	J9040	
J0218	J0475	J0696	J0877	J1428	J1572	J1836	J2280	J3010	J3415	J9065	
J0219	J0485	J0697	J0878	J1429	J1573	J1885	J2327	J3032	J3420	J9100	
J0221	J0490	J0698	J0895	J1450	J1575	J1931	J2350	J3060	J3424	J9190	
J0222	J0517	J0712	J0897	J1453	J1576	J1940	J2356	J3090	J3425	J9255	
J0223	J0558	J0713	J1100	J1455	J1580	J1956	J2357	J3095	J3465	J9260	
J0224	J0561	J0715	J1170	J1458	J1602	J2020	J2360	J3111	J3475	J9332	
J0225	J0584	J0717	J1200	J1459	J1626	J2175	J2405	J3241	J3480	J9334	
J0256	J0597	J0720	J1205	J1551	J1627	J2182	J2430	J3243	J3489	J9360	

[‡] The effective date refers to the date that the code is added to the alternative site of care program and is open on the Provider Type 08 (Pharmacy) fee schedule with Place of Service 12 (Patient's Home).

Specialty Drug Administration: Alternative Site of Care

Site of care (SOC) for specialty drug administration refers to the physical location where the specialty drug is administered. Medically necessary services should be rendered in the least intensive setting appropriate for delivery of the services and supplies. The goal of the Iowa Medicaid Specialty Drug Administration - Alternative SOC program is to provide alternative SOC options for members on select chronic, provider-administered drugs (i.e., improve access and accessibility).

Additional Information

- If the HCPCS in question has other coverage requirements (e.g., prior authorization), those requirements still apply.
- If a prior authorization was obtained previously and the servicing provider changes, a new prior authorization request may need to be submitted (confirm requirements with MCO).
- Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.
- As codes for provider-administered specialty drugs are opened for home administration, they will be added to the table above.

Document Change History

Change Date	Description of Change	Version
[mm/dd/yyyy]	•	
Change Date	Description of Change	Version
[mm/dd/yyyy]	•	
Change Date	Description of Change	Version
09/01/2024	<ul style="list-style-type: none"> • Added 1 code effective 1/1/2024 (from 2024 Q1 Quarterly Code Update): J9255. • Added 6 codes effective 7/1/2024 (from 2024 Q3 Quarterly Code Update): J0872, J1748, J2183, J2246, J2468, Q5138. • Replaced code C9168 with permanent code J2267 (from 2024 Q3 Quarterly Code Update). • Updated code descriptions for 2 existing codes on list: J0873, J2247. 	4
Change Date	Description of Change	Version
05/01/2024	<ul style="list-style-type: none"> • Added 6 codes effective 4/1/2024 (from 2024 Q2 Quarterly Code Update): C9168, J0612, J0613, J3424, J9260, Q5133. • Added 147 codes effective 5/1/2024: J0129, J0133, J0172, J0180, J0185, J0218, J0219, J0221, J0222, J0223, J0224, J0225, J0256, J0257, J0291, J0348, J0457, J0475, J0485, J0490, J0517, J0584, J0597, J0598, J0599, J0637, J0638, J0688, J0698, J0717, J0720, J0770, J0780, J0791, J0850, J0873, J0874, J0895, J0897, J1100, J1170, J1200, J1205, J1230, J1250, J1265, J1300, J1301, J1303, J1305, J1325, J1450, J1453, J1455, J1458, J1573, J1580, J1602, J1626, J1627, J1643, J1644, J1720, J174, J1740, J1744, J1745, J1746, J1786, J1823, J1833, J1836, J1885, J1931, J1940, J1956, J2020, J2175, J2182, J2247, J2248, J2260, J2270, J2272, J2327, J2350, J2356, J2357, J2360, J2405, J2430, J2469, J2508, J2550, J2700, J2765, J2786, J2800, J2840, J3000, J3010, J3032, J3060, J3090, J3095, J3111, J3241, J3243, J3244, J3245, J3250, J3262, J3285, J3358, J3380, J3385, J3397, J3401, J3415, J3420, J3425, J3465, J3475, J3480, J3489, J7030, J7040, J7042, J7050, J7060, J7070, J7120, J7121, J7340, J9000, J9039, J9040, J9065, J9100, J9190, J9332, J9334, J9360, J9370, Q5103, Q5104, Q5121. • Added table of just codes (sorted by HCPCS, as drug list table is sorted by drug name). • Added paragraph outlining the Specialty Drug Administration: Alternative Site of Care program. 	3

[≠] The effective date refers to the date that the code is added to the alternative site of care program and is open on the Provider Type 08 (Pharmacy) fee schedule with Place of Service 12 (Patient's Home).

Document Change History (continued)

Change Date	Description of Change	Version
11/01/2023	Added 61 codes (antibiotic therapy, immune globulin therapy, and acetaminophen): J0287, J0131, J0136, J0134, J0137, J0278, J0288, J0285, J0289, J0290, J0295, J1554, J0456, J0558, J0561, J1556, J0690, J0689, J0692, J0694, J0713, J0715, J0696, J0697, J0744, J0736, J0737, J1551, J1555, J0878, J0877, J1335, J1364, J1572, J1566, J1569, J1557, J1561, J1570, J1559, J1575, J0743, J2185, J2184, J2265, J2280, J0121, J1568, J1576, J2540, J2543, J1459, J0742, J0712, J3260, J2186, J3370, J1562, J1558, J0691, J0122.	2
06/01/2023	Program implementation. Starting with 5 initial HCPCS codes (3 which are already open for home administration). Amondys 45 (J1426), Elapraxe (J1743), Exondys 51 (J1428), Viltepsa (J1427), and Vyondys 53 (J1429).	1

[‡] The effective date refers to the date that the code is added to the alternative site of care program and is open on the Provider Type 08 (Pharmacy) fee schedule with Place of Service 12 (Patient's Home).