IOWA Health and Human Services

Specialty Drug Administration – Alternative Site of Care (Drug List, v.8)

Therapy Information for Health Care Professionals

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

- Codes sorted by drug name in Table 1; see Table 2 for list of codes sorted numerically.
- See Change History for a summary of changes made for the current version.

Table 1: Specialty Drug List, with corresponding HCPCS code and effective date

Specialty Drug	HCPC	Code Description	Effective Date ≠
Abelcet	J0287	Injection, amphotericin b lipid complex, 10 mg	11/01/23
acetaminophen	J0131	Injection, acetaminophen, 10 mg	11/01/23
acetaminophen (B. Braun)	J0136	Injection, acetaminophen (B. Braun) not therapeutically equivalent to J0131, 10 mg	11/01/23
acetaminophen (Fresenius Kabi)	J0134	Injection, acetaminophen (Fresenius Kabi) not therapeutically equivalent to J0131, 10 mg	11/01/23
acetaminophen (Hikma)	J0137	Injection, acetaminophen (Hikma) not therapeutically equivalent to J0131, 10 mg	11/01/23
Actemra	J3262	Injection, tocilizumab, 1 mg	05/01/24
acyclovir	J0133	Injection, acyclovir, 5 mg	05/01/24
Adakveo	J0791	Injection, crizanlizumab-tmca, 5 mg	05/01/24
Aldurazyme	J1931	Injection, laronidase, 0.1 mg	05/01/24
Alyglo	J1552	Injection, immune globulin (alyglo), 100 mg	01/01/25
amikacin	J0278	Injection, amikacin sulfate, 100 mg	11/01/23
Amondys 45	J1426	Injection, casimersen, 10 mg	06/01/23
amphotericin B	J0285	Injection, amphotericin b, 50 mg	11/01/23
amphotericin B liposome	J0289	Injection, amphotericin b liposome, 10 mg	11/01/23
ampicillin sodium	J0290	Injection, ampicillin sodium, 500 mg	11/01/23
ampicillin-sulbactam	J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g	11/01/23
Amvuttra	J0225	Injection, vutrisiran, 1 mg	05/01/24
Aralast NP	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	05/01/24
Asceniv	J1554	Injection, immune globulin (asceniv), 500 mg	11/01/23
Aukelso	Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	04/01/26
Avsola	Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	05/01/24
Avtozma	Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	10/01/25
azithromycin	J0456	Injection, azithromycin, 500 mg	11/01/23
aztreonam	J0457	Injection, aztreonam, 100 mg	05/01/24
baclofen	J0475	Injection, baclofen, 10 mg	05/01/24
Benlysta	J0490	Injection, belimumab, 10 mg	05/01/24
Berinert	J0597	Injection, C1 esterase inhibitor (human), Berinert, 10 units	05/01/24
Bicillin C-R	J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	11/01/23

≠ 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	HCPC	Code Description	Effective Date ≠
Bicillin L-A	J0561	Injection, penicillin G benzathine, 100,000 units	11/01/23
Bildyos	Q5162	Injection, denosumab-nxxp (bildyos/bilprevda), biosimilar, 1 mg	04/01/26
Bilprevda	Q5162	Injection, denosumab-nxxp (bildyos/bilprevda), biosimilar, 1 mg	04/01/26
Bivigam	J1556	Injection, immune globulin (bivigam), 500 mg	11/01/23
BKEMV	Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	04/01/25
bleomycin sulfate	J9040	Injection, bleomycin sulfate, 15 units	05/01/24
Blincyto	J9039	Injection, blinatumomab, 1 mcg	05/01/24
Bomyntra	Q5158	Injection, denosumab-bnht (bomyntra/ conexxence), biosimilar, 1 mg	10/01/25
Bosaya	Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	04/01/26
calcium gluconate	J0612	Injection, calcium gluconate, not otherwise specified, 10 mg	04/01/24
calcium gluconate (WG Critical Care)	J0613	Injection, calcium gluconate (WG Critical Care), not therapeutically equivalent to J0612, 10 mg	04/01/24
caspofungin acetate	J0637	Injection, caspofungin acetate, 5 mg	05/01/24
cefazolin sodium	J0690	Injection, cefazolin sodium, 500 mg	11/01/23
cefazolin sodium (Baxter)	J0689	Injection, cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg	11/01/23
cefazolin sodium (Hikma)	J0688	Injection, cefazolin sodium (hikma), not therapeutically equivalent to J0690, 500 mg	05/01/24
cefazolin sodium (WG Critical Care)	J0687	Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to J0690, 500 mg	07/01/24
cefepime HCl	J0692	Injection, cefepime HCl, 500 mg	11/01/23
cefotaxime sodium	J0698	Injection, cefotaxime sodium, per g	05/01/24
cefoxitin sodium	J0694	Injection, cefoxitin sodium, 1 g	11/01/23
ceftazidime	J0713	Injection, ceftazidime, per 500 mg	11/01/23
ceftizoxime sodium	J0715	Injection, ceftizoxime sodium, per 500 mg	11/01/23
ceftriaxone sodium	J0696	Injection, ceftriaxone sodium, per 250 mg	11/01/23
cefuroxime sodium	J0697	Injection, sterile cefuroxime sodium, per 750 mg	11/01/23
Cerezyme	J1786	Injection, imiglucerase, 10 units	05/01/24
chloramphenicol sodium succinate	J0720	Injection, chloramphenicol sodium succinate, up to 1 g	05/01/24
chlorothiazide sodium	J1205	Injection, chlorothiazide sodium, per 500 mg	05/01/24
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)	05/01/24
Cinqair	J2786	Injection, reslizumab, 1 mg	05/01/24
Cinryze	J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	05/01/24
Cinvanti	J0185	Injection, aprepitant, 1 mg	05/01/24
ciprofloxacin	J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	11/01/23
cladribine	J9065	Injection, cladribine, per 1 mg	05/01/24

≠ 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	HCPC	Code Description	Effective Date ≠
clindamycin phosphate	J0736	Injection, clindamycin phosphate, 300 mg	11/01/23
clindamycin phosphate (Baxter)	J0737	Injection, clindamycin phosphate (Baxter), not therapeutically equivalent to J0736, 300 mg	11/01/23
colistimethate sodium	J0770	Injection, colistimethate sodium, up to 150 mg	05/01/24
Conexxence	Q5158	Injection, denosumab-bnht (bomyntra/ conexxence), biosimilar, 1 mg	10/01/25
Cresemba	J1833	Injection, isavuconazonium, 1 mg	05/01/24
Crysvita	J0584	Injection, burosumab-twza, 1 mg	05/01/24
Cutaquig	J1551	Injection, immune globulin (Cutaquig), 100 mg	11/01/23
Cuvitru	J1555	Injection, immune globulin (cuvitru), 100 mg	11/01/23
cyanocobalamin	J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	05/01/24
cytarabine	J9100	Injection, cytarabine, 100 mg	05/01/24
Cytogam	J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	05/01/24
daptomycin	J0878	Injection, daptomycin, 1 mg	11/01/23
daptomycin (Baxter)	J0874	Injection, daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg	05/01/24
daptomycin (Hospira)	J0877	Injection, daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg	11/01/23
daptomycin (Xellia)	J0873	Injection, daptomycin (xellia) not therapeutically equivalent to J0878 or J0873, 1 mg	05/01/24
daptomycin (Xellia, unrefrigerated)	J0872	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to J0878 or J0873, 1 mg	07/01/24
deferoxamine mesylate	J0895	Injection, deferoxamine mesylate, 500 mg	05/01/24
dexamethasone sodium phosphate	J1100	Injection, dexamethasone sodium phosphate, 1 mg	05/01/24
dextrose	J7060	5% dextrose/water (500 mL = 1 unit)	05/01/24
dextrose	J7070	Infusion, D-5-W, 1,000 cc	05/01/24
dextrose - sodium chloride	J7042	5% dextrose/normal saline (500 mL = 1 unit)	05/01/24
dextrose in lactated ringers solution	J7121	5% dextrose in lactated ringers infusion, up to 1000 cc	05/01/24
diphenhydramine	J1200	Injection, diphenhydramine HCl, up to 50 mg	05/01/24
dobutamine hcl	J1250	Injection, dobutamine hydrochloride, per 250 mg	05/01/24
dopamine hcl	J1265	Injection, dopamine hcl, 40 mg	05/01/24
doxorubicin HCl	J9000	Injection, doxorubicin hydrochloride, 10 mg	05/01/24
Duopa	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 mL	05/01/24
Elaprase	J1743	Injection, idursulfase, 1 mg	06/01/23
Elelyso	J3060	Injection, taliglucerase alfa, 10 units	05/01/24
Elfabrio	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	05/01/24
Entyvio	J3380	Injection, vedolizumab, 1 mg	05/01/24
epoprostenol	J1325	Injection, epoprostenol, 0.5 mg	05/01/24
Eraxis	J0348	Injection, anidulafungin, 1 mg	05/01/24
ertapenem	J1335	Injection, ertapenem sodium, 500 mg	11/01/23

≠ 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	HCPC	Code Description	Effective Date ≠
erythromycin lactobionate	J1364	Injection, erythromycin lactobionate, per 500 mg	11/01/23
Evenity	J3111	Injection, romosozumab-aqqg, 1 mg	05/01/24
Evkeeza	J1305	Injection, evinacumab-dgnb, 5 mg	05/01/24
Exondys 51	J1428	Injection, eteplirsen, 10 mg	06/01/23
Fabrazyme	J0180	Injection, agalsidase beta 1 mg	05/01/24
Fasenra	J0517	Injection, benralizumab, 1 mg	05/01/24
fentanyl citrate	J3010	Injection, fentanyl citrate, 0.1 mg	05/01/24
Flebogamma DIF	J1572	Injection, immune globulin, (Flebogamma/ Flebogamma DIF), intravenous, nonlyophilized (e.g., liquid), 500 mg	11/01/23
fluconazole	J1450	Injection, fluconazole, 200 mg	05/01/24
fluorouracil	J9190	Injection, fluorouracil, 500 mg	05/01/24
fosaprepitant	J1453	Injection, fosaprepitant, 1 mg	05/01/24
foscarnet sodium	J1455	Injection, foscarnet sodium, per 1000 mg	05/01/24
Gammagard 5% S/D	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	11/01/23
Gammagard Liquid	J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	11/01/23
Gammaplex	J1557	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	11/01/23
Gamunex-C/ Gammaked	J1561	Injection, immune globulin, (gamunex-c/ gammaked), non-lyophilized (e.g. liquid), 500 mg	11/01/23
ganciclovir solution	J1570	Injection, ganciclovir sodium, 500 mg	11/01/23
gentamicin sulfate	J1580	Injection, garamycin, gentamicin, up to 80 mg	05/01/24
Givlaari	J0223	Injection, givosiran, 0.5 mg	05/01/24
Glassia	J0257	Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg	05/01/24
granisetron HCl	J1626	Injection, granisetron HCl, 100 mcg	05/01/24
Haegarda	J0599	Injection, C1 esterase inhibitor (human), (Haegarda), 10 units	05/01/24
HepaGam B	J1573	Injection, hepatitis B immune globulin (HepaGam B), intravenous, 0.5 mL	05/01/24
heparin sodium	J1643	Injection, heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units	05/01/24
heparin sodium	J1644	Injection, Heparin sodium, per 1000 units	05/01/24
Hizentra	J1559	Injection, immune globulin (hizentra), 100mg	11/01/23
hydromorphone	J1171	Injection, hydromorphone, 0.1 mg	10/01/24
hydroxocobalamin	J3425	Injection, hydroxocobalamin, 10 mcg	05/01/24
hydroxocobalamin (IV)	J3424	Injection, hydroxocobalamin, IV, 25 mg	04/01/24
Hyqvia	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immune globulin	11/01/23
ibandronate sodium	J1740	Injection, ibandronate sodium, 1 mg	05/01/24
icatibant acetate	J1744	Injection, icatibant, 1 mg	05/01/24
Ilaris	J0638	Injection, canakinumab, 1 mg	05/01/24
Ilumya	J3245	Injection, tildrakizumab, 1 mg	05/01/24
Imaavy	J9256	Injection, nipocalimab-aahu, 3 mg	01/01/26

≠ 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	HCPC	Code Description	Effective Date ≠
imipenem and cilastatin	J0743	Injection, cilastatin sodium; imipenem, per 250 mg	11/01/23
Inflectra	Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	05/01/24
Jubbonti	Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	10/01/24
Kanuma	J2840	Injection, sebelipase alfa, 1 mg	05/01/24
ketorolac tromethamine	J1885	Injection, ketorolac tromethamine, per 15 mg	05/01/24
Kisunla	J0175	Injection, donanemab-azbt, 2 mg	07/02/24
lactated ringers solution	J7120	Ringers lactate infusion, up to 1,000 cc	05/01/24
Leqembi	J0174	Lecanemab-irmb, for intravenous injection, 1 mg	05/01/24
levofloxacin	J1956	Injection, levofloxacin, 250 mg	05/01/24
linezolid	J2020	Injection, linezolid, 200 mg	05/01/24
Lumizyme	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	05/01/24
magnesium sulfate	J3475	Injection, magnesium sulfate, per 500 mg	05/01/24
meperidine HCl	J2175	Injection, meperidine hydrochloride, per 100 mg	05/01/24
Mepsevii	J3397	Injection, vestronidase alfa-vjbk, 1 mg	05/01/24
meropenem	J2185	Injection, meropenem, 100 mg	11/01/23
meropenem (B. Braun)	J2184	Injection, meropenem (B. Braun) not therapeutically equivalent to J2185, 100 mg	11/01/23
meropenem (WG Critical Care)	J2183	Injection, meropenem (wg critical care), not therapeutically equivalent to J2185, 100 mg	07/01/24
methadone hcl	J1230	Injection, methadone HCl, up to 10 mg	05/01/24
methocarbamol	J2800	Injection, methocarbamol, up to 10 mL	05/01/24
methotrexate	J9260	Injection, methotrexate sodium, 50 mg	04/01/24
methotrexate (Accord)	J9255	Injection, methotrexate (accord), not therapeutically equivalent to J9260, 50 mg	01/01/24
metoclopramide	J2765	Injection, metoclopramide HCl, up to 10 mg	05/01/24
metronidazole	J1836	Injection, metronidazole, 10 mg	05/01/24
micafungin sodium	J2248	Injection, micafungin sodium, 1 mg	05/01/24
micafungin sodium (Baxter)	J2246	Injection, micafungin sodium (baxter), not therapeutically equivalent to J2248, 1 mg	07/01/24
micafungin sodium (Par Pharm)	J2247	Injection, micafungin sodium (par pharm) not therapeutically equivalent to J2248, 1 mg	05/01/24
milrinone lactate	J2260	Injection, milrinone lactate, 5 mg	05/01/24
minocycline	J2265	Injection, minocycline HCl, 1 mg	11/01/23
morphine sulfate	J2270	Injection, morphine sulfate, up to 10 mg	05/01/24
morphine sulfate	J2272	Injection, morphine sulfate (Fresenius Kabi) not therapeutically equivalent to J2270, up to 10 mg	05/01/24
moxifloxacin HCl	J2280	Injection, moxifloxacin, 100 mg	11/01/23
mycophenolate mofetil (oral susp)	J7528	Mycophenolate mofetil, for suspension, oral, 100 mg	01/01/26
Naglazyme	J1458	Injection, galsulfase, 1 mg	05/01/24
Nexviazyme	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	05/01/24
Niktimvo	J9038	Injection, axatilimab-csfr, 0.1 mg	04/01/25
normal saline	J7050	Infusion, normal saline solution, 250 cc	05/01/24
Nucala	J2182	Injection, mepolizumab, 1 mg	05/01/24
Nulojix	J0485	Injection, belatacept, 1 mg	05/01/24

≠ 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	HCPC	Code Description	Effective Date ≠
Nuzyra (injection)	J0121	Injection, omadacycline, 1 mg	11/01/23
Ocrevus	J2350	Injection, ocrelizumab, 1 mg	05/01/24
Ocrevus Zunovo	J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	04/01/25
Octagam	J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	11/01/23
Omvoh	J2267	Injection, mirikizumab-mrkz, 1 mg	07/01/24
ondansetron	J2405	Injection, ondansetron HCl, per 1 mg	05/01/24
Onpattro	J0222	Injection, patisiran, 0.1 mg	05/01/24
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)	05/01/24
orphenadrine citrate	J2360	Injection, orphenadrine citrate, up to 60 mg	05/01/24
Osenvelt	Q5157	Injection, denosumab-bmwo (stoboclo/ osenvelt), biosimilar, 1 mg	10/01/25
oxacillin sodium	J2700	Injection, oxacillin sodium, up to 250 mg	05/01/24
Oxlumo	J0224	Injection, lumasiran, 0.5 mg	05/01/24
palonosetron hcl	J2469	Injection, palonosetron HCl, 25 mcg	05/01/24
pamidronate disodium	J2430	Injection, pamidronate disodium, per 30 mg	05/01/24
Panzyga	J1576	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	11/01/23
penicillin G potassium	J2540	Injection, penicillin G potassium, up to 600,000 units	11/01/23
piperacillin and tazobactam	J2543	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	11/01/23
Posfrea	J2468	Injection, palonosetron hydrochloride (posfrea), 25 micrograms	01/01/25
potassium chloride	J3480	Injection, potassium chloride, per 2 mEq	05/01/24
Privigen	J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	11/01/23
prochlorperazine edisylate	J0780	Injection, prochlorperazine, up to 10 mg	05/01/24
Prolastin-C	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	05/01/24
Prolia	J0897	Injection, denosumab, 1 mg	05/01/24
promethazine HCl	J2550	Injection, promethazine HCl, up to 50 mg	05/01/24
pyridoxine HCl	J3415	Injection, pyridoxine HCl, 100 mg	05/01/24
Radicava	J1301	Injection, edaravone, 1 mg	05/01/24
Recarbrio	J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	11/01/23
Remicade	J1745	Injection, infliximab, excludes biosimilar, 10 mg	05/01/24
Renflexis	Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	05/01/24
Simponi Aria	J1602	Injection, golimumab, 1 mg, for intravenous use	05/01/24
Sivextro	J3090	Injection, tedizolid phosphate, 1 mg	05/01/24
Skyrizi (IV)	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	05/01/24
sodium chloride	J7030	Infusion, normal saline solution, 1,000 cc	05/01/24

≠ 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	HCPC	Code Description	Effective Date ≠
sodium chloride	J7040	Infusion, normal saline solution, sterile (500 mL=1 unit)	05/01/24
Soliris	J1299	Injection, eculizumab, 2 mg	04/01/25
Solu-Cortef	J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	05/01/24
Stelara	J3358	Ustekinumab, for intravenous injection, 1 mg	05/01/24
Stoboclo	Q5157	Injection, denosumab-bmwo (stoboclo/ osenvelt), biosimilar, 1 mg	10/01/25
streptomycin sulfate	J3000	Injection, streptomycin, up to 1 g	05/01/24
Sustol	J1627	Injection, granisetron, extended-release, 0.1 mg	05/01/24
Teflaro	J0712	Injection, ceftaroline fosamil, 10 mg	11/01/23
Tepezza	J3241	Injection, teprotumumab-trbw, 10 mg	05/01/24
Tezspire	J2356	Injection, tezepelumab-ekko, 1 mg	05/01/24
tigecycline	J3243	Injection, tigecycline, 1 mg	05/01/24
tigecycline	J3244	Injection, tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg	05/01/24
tobramycin sulfate	J3260	Injection, tobramycin sulfate, up to 80 mg	11/01/23
Tofidence	Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	04/01/24
treprostinil	J3285	Injection, treprostinil, 1 mg	05/01/24
trimethobenzamide	J3250	Injection, trimethobenzamide HCl, up to 200 mg	05/01/24
Trogarzo	J1746	Injection, ibalizumab-uiyk, 10 mg	05/01/24
Tyenne	Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	10/01/24
Ultomiris	J1303	Injection, ravulizumab-cwvz, 10 mg	05/01/24
Uplizna	J1823	Injection, inebilizumab-cdon, 1 mg	05/01/24
Vabomere	J2186	Injection, meropenem, vaborbactam, 10 mg/10 mg, (20 mg)	11/01/23
vancomycin (Hikma)	J3376	Injection, vancomycin hcl (hikma), not therapeutically equivalent to J3373, 10 mg	01/01/26
vancomycin (Mylan)	J3374	Injection, vancomycin hydrochloride (mylan) not therapeutically equivalent to J3373, 10 mg	07/01/25
vancomycin (Xellia)	J3375	Injection, vancomycin hydrochloride (xellia), not therapeutically equivalent to J3373, 10 mg	07/01/25
vancomycin HCl	J3373	Injection, vancomycin hydrochloride, 10 mg	07/01/25
Vibativ	J3095	Injection, telavancin, 10 mg	05/01/24
Viltepso	J1427	Injection, viltolarsen, 10 mg	06/01/23
vinblastine sulfate	J9360	Injection, vinblastine sulfate, 1 mg	05/01/24
vincristine sulfate	J9370	Injection, vincristine sulfate, 1 mg	05/01/24
voriconazole	J3465	Injection, voriconazole, 10 mg	05/01/24
VPRIV	J3385	Injection, velaglucerase alfa, 100 units	05/01/24
Vyalev	J7356	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg	07/01/25
Vyepti	J3032	Injection, eptinezumab-jjmr, 1 mg	05/01/24
Vyjuvek	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5x10^9 pfu/mL vector genomes, per 0.1 mL	05/01/24
Vyondys 53	J1429	Injection, golodirsen, 10 mg	06/01/23
Vyvgart	J9332	Injection, efgartigimod alfa-fcab, 2 mg	05/01/24
Vyvgart Hytrulo	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	05/01/24

≠ 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	HCPC	Code Description	Effective Date ≠
Wezlana (IV)	Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	07/01/24
Wyost	Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	10/01/24
Xembify	J1558	Injection, immune globulin (xembify), 100mg	11/01/23
Xenleta	J0691	Injection, lefamulin, 1 mg	11/01/23
Xenpozyme	J0218	Injection, olipudase alfa-rpcp, 1 mg	05/01/24
Xerava	J0122	Injection, eravacycline, 1 mg	11/01/23
Xgeva	J0897	Injection, denosumab, 1 mg	05/01/24
Xolair	J2357	Injection, omalizumab, 5 mg	05/01/24
Zemaira	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	05/01/24
Zemdri	J0291	Injection, plazomicin, 5 mg	05/01/24
zoledronic acid	J3489	Injection, zoledronic acid, 1 mg	05/01/24
Zymfentra	J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	07/01/24

Table 2: Code List (sorted into columns by HCPCS; new additions in RED)									
J0121	J0290	J0692	J0897	J1552	J1744	J2272	J3090	J3475	J9334
J0122	J0291	J0694	J1100	J1554	J1745	J2280	J3095	J3480	J9360
J0129	J0295	J0696	J1171	J1555	J1746	J2327	J3111	J3489	J9370
J0131	J0348	J0697	J1200	J1556	J1748	J2350	J3241	J7030	Q5103
J0133	J0456	J0698	J1205	J1557	J1786	J2351	J3243	J7040	Q5104
J0134	J0457	J0712	J1230	J1558	J1823	J2356	J3244	J7042	Q5121
J0136	J0475	J0713	J1250	J1559	J1833	J2357	J3245	J7050	Q5133
J0137	J0485	J0715	J1265	J1561	J1836	J2360	J3250	J7060	Q5135
J0174	J0490	J0717	J1299	J1566	J1885	J2405	J3260	J7070	Q5136
J0175	J0517	J0720	J1301	J1568	J1931	J2430	J3262	J7120	Q5138
J0180	J0558	J0736	J1303	J1569	J1956	J2468	J3285	J7121	Q5152
J0185	J0561	J0737	J1305	J1570	J2020	J2469	J3358	J7340	Q5156
J0218	J0584	J0742	J1325	J1572	J2175	J2508	J3373	J7356	Q5157
J0219	J0597	J0743	J1335	J1573	J2182	J2540	J3374	J7528	Q5158
J0221	J0598	J0744	J1364	J1575	J2183	J2543	J3375	J9000	Q5161
J0222	J0599	J0770	J1426	J1576	J2184	J2550	J3376	J9038	Q5162
J0223	J0612	J0780	J1427	J1580	J2185	J2700	J3380	J9039	
J0224	J0613	J0791	J1428	J1602	J2186	J2765	J3385	J9040	
J0225	J0637	J0850	J1429	J1626	J2246	J2786	J3397	J9065	
J0256	J0638	J0872	J1450	J1627	J2247	J2800	J3401	J9100	
J0257	J0687	J0873	J1453	J1643	J2248	J2840	J3415	J9190	
J0278	J0688	J0874	J1455	J1644	J2260	J3000	J3420	J9255	
J0285	J0689	J0877	J1458	J1720	J2265	J3010	J3424	J9256	
J0287	J0690	J0878	J1459	J1740	J2267	J3032	J3425	J9260	
J0289	J0691	J0895	J1551	J1743	J2270	J3060	J3465	J9332	

≠ 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.

≠ 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

Change Date	Description of Change	Version
[mm/dd/yyyy]	•	

Change Date	Description of Change	Version
[mm/dd/yyyy]	•	

Change Date	Description of Change	Version
04/01/2026	• Removed 2 codes effective 12/31/2025 (from 2026 Q1 Quarterly Code Update): J0288, J7528 (HCPCS codes discontinued by CMS) • Replaced code C9305 with J9256 (from 2026 Q1 Quarterly Code Update) • Added 2 codes effective 1/1/2026 (from 2026 Q1 Quarterly Code Update): J3376, J7528 • Added 2 codes effective 4/1/2026 (from 2026 Q2 Quarterly Code Update): Q5161 (which will be listed twice, under both Aukelso and Bosaya), Q5162 (which will also be listed twice, under both Bildyos and Bilprevda) • Updated code description for J0174 (from 2026 Q1 Quarterly Code Update)	8
10/01/2025	• Added 1 code effective 7/1/2024 (from 2024 Q3 Quarterly Code Update, was missed on previous review): J0687 • Replaced code J3370 with J3373 (from 2025 Q3 Quarterly Code Update) • Added 3 codes effective 7/1/2025 (from 2025 Q3 Quarterly Code Update): J3374, J3375, J7356 • Added additional line for code J0897 (already on list from 5/1/2024 under "Prolia"; code shared with Xgeva so added line for that drug name as well) • Added 4 codes effective 10/1/2025 (from 2025 Q4 Quarterly Code Update): C9305, Q5156, Q5157 (which will be listed twice, under both Stoboclo and Osenvelt), and Q5158 (also listed twice, under Bomyntra and Conexxence)	7
04/01/2025	• Added 2 codes effective 1/1/2025 (from 2025 Q1 Quarterly Code Update): J1552 and Q5139 *(note: Q5139 was replaced effective 4/1/2025)* • Added 2 codes effective 4/1/2025 (from 2025 Q2 Quarterly Code Update): J2351 and J9038 • Replaced code J1300 with J1299 (from 2025 Q2 Quarterly Code Update) • Replaced code Q5139 with Q5152 (from 2025 Q2 Quarterly Code Update) • Updated code description for J268 (code already on list) • Removed 1 code effective 4/1/2025 (from 2025 Q2 Quarterly Code Update): J1940	6
11/01/2024	• Removal: J0172 (effective 11/1/2024) and J1170 (effective 9/30/2024). • Added J0175 (effective 7/2/2024). • Added 3 codes effective 10/1/2024 (from 2024 Q4 Quarterly Code Update): J1171, Q5135, Q5136.	5
09/01/2024	• 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

≠ 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
05/01/2024	• 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

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

Change Date	Description of Change	Version
06/01/2023	• Program implementation. • Starting with 5 initial HCPCS codes (3 which are already open for home administration). Amondys 45 (J1426), Elaprase (J1743), Exondys 51 (J1428), Viltepso (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).