

Specialty Drug Administration – Alternative Site of Care (Drug List)

Therapy information for health care professionals

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

Specialty Drug (sorted alphabetically)	HCPCS	Code Description	Effective Date [‡]
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
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
Asceniv	J1554	Injection, immune globulin (asceniv), 500 mg	11/01/2023
Azithromycin	J0456	Injection, azithromycin, 500 mg	11/01/2023
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
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
Cefepime HCl	J0692	Injection, cefepime HCl, 500 mg	11/01/2023
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
Ciprofloxacin	J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	11/01/2023
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
Cutaquig	J1551	Injection, immune globulin (Cutaquig), 100 mg	11/01/2023
Cuvitru	J1555	Injection, immune globulin (cuvitru), 100 mg	11/01/2023
Daptomycin	J0878	Injection, daptomycin, 1 mg	11/01/2023
Daptomycin (Hospira)	J0877	Injection, daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg	11/01/2023

[‡] 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 (sorted alphabetically)	HCPCS	Code Description	Effective Date [‡]
Elaprase	J1743	Injection, idursulfase, 1 mg	06/01/2023
Ertapenem	J1335	Injection, ertapenem sodium, 500 mg	11/01/2023
Erythromycin Lactobionate	J1364	Injection, erythromycin lactobionate, per 500 mg	11/01/2023
Exondys 51	J1428	Injection, eteplirsen, 10 mg	06/01/2023
Flebogamma DIF	J1572	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, nonlyophilized (e.g., liquid), 500 mg	11/01/2023
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
Gammaflex	J1557	Injection, immune globulin, (gammaflex), 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
Hizentra	J1559	Injection, immune globulin (hizentra), 100mg	11/01/2023
Hyqvia	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immune globulin	11/01/2023
Imipenem and Cilastatin	J0743	Injection, cilastatin sodium; imipenem, per 250 mg	11/01/2023
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
Minocycline	J2265	Injection, minocycline HCl, 1 mg	11/01/2023
Moxifloxacin HCl	J2280	Injection, moxifloxacin, 100 mg	11/01/2023
Nuzyra	J0121	Injection, omadacycline, 1 mg	11/01/2023
Octagam	J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	11/01/2023
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
Privigen	J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500	11/01/2023
Recarbrio	J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	11/01/2023
Teflaro	J0712	Injection, ceftaroline fosamil, 10 mg	11/01/2023
Tobramycin Sulfate	J3260	Injection, tobramycin sulfate, up to 80 mg	11/01/2023
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
Viltespo	J1427	Injection, viltolarsen, 10 mg	06/01/2023
Vivaglobin	J1562	Injection, immune globulin (vivaglobin), 100 mg	11/01/2023
Vyondys 53	J1429	Injection, golodirsen, 10 mg	06/01/2023
Xembify	J1558	Injection, immune globulin (xembify), 100mg	11/01/2023
Xenleta	J0691	Injection, lefamulin, 1 mg	11/01/2023
Xerava	J0122	Injection, eravacycline, 1 mg	11/01/2023

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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
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), Viltespo (J1427), and Vyondys 53 (J1429).	1

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