

MEDICATION ADMINISTRATION POLICY

POLICY: Site of Care Medication Administration Policy

REVIEW DATE: 02/18/2026

OVERVIEW

For many disease states and medication therapies, infusion therapy in a lower-intensity setting, defined as a home infusion provider, at a provider's office, or an ambulatory infusion suite, is a safe and effective alternative to a higher intensity setting. For many patients, receiving infusion therapy in one of these lower-intensity settings is also preferred over therapy in a higher intensity setting such as a hospital or outpatient hospital setting.

POLICY STATEMENT

This policy provides clinical criteria for selection of patients for infusion therapy provided in a lower intensity setting and away from a higher intensity setting (i.e., hospital or hospital outpatient setting). Patients are assessed to ensure that a lower-intensity setting is clinically appropriate. Initial or loading doses of some drugs or biologics are administered in a hospital or outpatient hospital setting because additional monitoring is required for possible adverse reactions during initiation of therapy. This document provides clinical criteria for direction to a lower-intensity setting for drugs or biologics administered by a nurse.

Documentation: Documentation is required, as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information.

RECOMMENDED AUTHORIZATION CRITERIA

For agents listed in Table 1, infusion therapy will be directed to a lower-intensity setting, defined as a home infusion provider, at a provider's office, or an ambulatory infusion suite, unless ONE of the following are met (A or B):

- A) Medications listed in Table 1 will be administered in a lower-intensity setting if none of the following apply (1, 2, 3, 4, or 5) [that is, if the patient meets any one of these situations, a lower-intensity setting is not appropriate]:
1. The patient's condition is clinically unstable such that immediate access to services in a hospital setting may be required **[documentation required]**: Approve for 3 months.
Note: Examples of emergency access to services in a hospital include emergency resuscitation equipment and personnel, inpatient admission, or intensive care. Examples of clinical conditions may include fluid overload status or acute mental status changes.
 2. The patient has physical or cognitive impairments such that immediate access to services in a hospital setting may be required: Approve for 1 year.
 3. Patient is less than 18 years of age and a caregiver is not available to assist during administration of the drug or biologic: Approve for 1 year.
 4. The patient has previously had a severe or potentially life-threatening adverse event with the currently prescribed drug, biologic, or a similar medication (e.g., anaphylaxis, seizure), such that immediate access to services in a hospital setting may be required **[documentation required]**: Approve for 1 year.
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Note: Examples of a severe or potentially life-threatening adverse event include anaphylaxis and seizure.

5. According to the prescriber, the medication is not suitable for home infusion therapy AND there is not another lower-intensity setting (e.g., ambulatory infusion center or physician’s office) within 50 miles of the patient’s home that is able to administer the drug: Approve for 1 year.

B) Initial dose(s) or loading doses of some drugs/biologics may be administered in a higher-intensity setting (e.g., hospital, outpatient hospital infusion center) to allow for adequate transition time and prevent a delay in care. A limited number of doses for use in a higher intensity setting (i.e., hospital or outpatient hospital setting) will be authorized. See Table 1.

Note: After these dose(s) are given the therapy will be given in a lower-intensity setting, provided the patient does not have any of the circumstances listed in Criteria A above.

Table 1. Medications that can be Directed to a Lower-Intensity Setting.

Medication	Doses Prior to Use in a Lower-Intensity Setting	Notes
Alpha-1 Deficiency		
Alpha 1-Proteinase Inhibitor (Human) intravenous infusion (Aralast® NP, Glassia®, Zemaira®)	--	Weight based dose administered once weekly. Warnings for hypersensitivity and anaphylactic reactions.
Amyloidosis		
Ambvuttra™ (vutrisiran subcutaneous injection)	--	Administered by a healthcare professional once every 3 months.
Onpatro® (patisiran intravenous infusion)	Up to 2 doses	Administered by a healthcare professional once every 2 weeks. Warning for infusion-related reactions.
Tegsedi® (inotersen subcutaneous injection)	--	Boxed Warnings for thrombocytopenia and glomerulonephritis. Warnings for stroke, cervicocephalic arterial dissection, liver injury, and hypersensitivity reactions.
Asthma and Allergy		
Cinqair® (reslizumab intravenous infusion)	Up to 3 doses	Weight-based dose administered by a healthcare provider once every 4 weeks. Boxed Warning for anaphylaxis.
Fasenra® (benralizumab subcutaneous injection)	Up to 3 doses	Administered once every 4 weeks for 3 doses, then once every 8 weeks.
Nucala® (mepolizumab subcutaneous injection)	Up to 3 doses	Administered once every 4 weeks. Warning for hypersensitivity reactions.
Tezspire® (tezepelumab-ekko subcutaneous injection)	--	Administered once every 4 weeks. Warning for hypersensitivity reactions.
Xolair® (omalizumab subcutaneous injection)	Up to 4 doses	Administered once every 2 or 4 weeks. Boxed Warning for anaphylaxis.
Blood Cell Deficiency		
Aranesp® (darbepoetin alfa subcutaneous injection)	--	Treatment interval ranges from once weekly to once every 4 weeks. Boxed Warnings for increased risk of death, myocardial infarction, stroke, venous thromboembolism, thrombosis of vascular access, and tumor progression or recurrence.
epoetin alfa injection (Epogen®, Procrit®, Retacrit®)	--	Treatment interval is once weekly or three times weekly. Boxed Warnings for increased risk of death, myocardial infarction, stroke, venous thromboembolism, thrombosis of vascular access, and tumor progression or recurrence.
Mircera® (methoxy polyethylene glycol-epoetin beta intravenous infusion or subcutaneous injection)	--	Treatment interval is once weekly or once monthly.

Filgrastim Intravenous or Subcutaneous Products (Granix [®] , Neupogen [®] , Nivestym [®] , Releuko [®] , Zarxio [®])	--	Administration varies. Warnings for fatal splenic rupture, acute respiratory distress syndrome, serious allergic reactions (including anaphylaxis), fatal sickle cell crises, glomerulonephritis, and thrombocytopenia.
Pegfilgrasim Subcutaneous Products (Neulasta [®] , Fulphila [™] , Fylmetra [®] , Nyvepria [™] , Stimufend [®] , Udenyca [™] , Ziextenzo [™])	--	Administered once per chemotherapy cycle. Warnings for fatal splenic rupture, acute respiratory distress syndrome, serious allergic reactions (including anaphylaxis), fatal sickle cell crises, glomerulonephritis, and thrombocytopenia.
Leukine [®] (sargramostim intravenous infusion or subcutaneous injection)	--	Administration varies. Warning for hypersensitivity reaction, infusion-related reactions, effusions and capillary leak syndrome, and supraventricular arrhythmias.
Rolvedon [™] (eflapegrastim-xnst subcutaneous injection)	--	Given once every 2 weeks.
Cancer		
Xgeva [®] (denosumab subcutaneous injection)	--	Maintenance dosing is once every 4 weeks. Some indications have initial dosing on Days 8 and 15 of the first month of therapy. Warnings for hypersensitivity reactions and severe symptomatic hypocalcemia.
Bone Modifiers		
Evenity [®] (romosozumab-aqqg subcutaneous injection)	--	Administered by a healthcare provider once every month for 12 months. Boxed Warning for risk of myocardial infarction, stroke, and cardiovascular death.
Prolia [®] (denosumab subcutaneous injection)	--	Given once every 6 months.
Zoledronic Acid (Reclast [®] , generic)	--	Administered once yearly or once every 2 years. Warning for renal impairment (monitor creatinine clearance before each dose).
Complement Inhibitors		
Soliris [®] (eculizumab intravenous infusion)	--	Given weekly for 4 doses followed by a 5 th dose 1 week later, then once every 2 weeks thereafter. Boxed Warning for serious meningococcal infections. Warnings for infusion-related reactions. Available under a Risk Evaluation and Mitigation Strategy program.
Ultomiris [®] (ravulizumab-cwvz intravenous infusion)	--	Given as a loading dose followed by a maintenance dose 2 weeks later, then once every 8 weeks. Boxed Warning for serious meningococcal infections. Warnings for other infections and infusion-related reactions.
Endocrine Disorders		
Aveed [®] (testosterone undecanoate intramuscular injection)	Up to 2 doses	Given at Weeks 0 and 4, then once every 10 weeks thereafter. Boxed Warnings for serious pulmonary oil microembolism reactions and anaphylaxis. Warnings for venous thromboembolism and edema.
Crysvita [®] (burosumab-twza subcutaneous injection)	--	Weight-based dosing given every 2 to 4 weeks. Warnings for hypersensitivity, hyperphosphatemia and risk of nephrocalcinosis.
Fensolvi [®] (leuprolide acetate subcutaneous injection)	1 dose	One injection given by a healthcare provider once every 6 months. Warnings for psychiatric events, convulsions, and pseudotumor cerebri.
Lupron Depot (leuprolide acetate for depot suspension)	--	One intramuscular injection given every month or every 3 months.
Triptodur [™] (triptorelin extended-release injectable suspension)	1 dose	One intramuscular injection given every 6 months.
Sandostatin [®] LAR Depot (octreotide acetate intramuscular injection)	--	Administered by a healthcare provider once every 4 weeks. Warnings for cholelithiasis, glucose metabolism, thyroid function, and cardiac function.
Signifor [®] LAR (pasireotide intramuscular injection)	--	Administered by a healthcare provider once every 4 weeks. Warnings for hyperglycemia, diabetes, and ketoacidosis; bradycardia and QT prolongation; liver test elevations; cholelithiasis; and pituitary hormone deficiencies.
Somatuline [®] Depot (lanreotide deep subcutaneous injection)	--	Administered by a healthcare provider once every 4 weeks.

Lanreotide subcutaneous injection		Warnings for cholelithiasis, hyperglycemia and hypoglycemia, cardiovascular abnormalities, and thyroid function abnormalities.
Enzyme Deficiencies		
Aldurazyme (laronidase intravenous infusion)**	Minimum of 3 months, on a stable dose**	Weight-based dose administered weekly. Boxed Warning regarding anaphylaxis.
Cerezyme® (imiglucerase intravenous infusion)**	Minimum of 3 months, on a stable dose**	Weight-based dose administered up to three times per week.
Elaprase® (idursulfase intravenous infusion)**	Minimum of 3 months, on a stable dose**	Weight-based dose administered once weekly. Boxed Warning regarding anaphylaxis.
Elelyso® (taliglucerase alfa intravenous infusion)**	Minimum of 3 months, on a stable dose**	Weight-based dose administered once weekly. Warning for anaphylaxis, allergic reactions.
Elfabrio® (pegunigalsidase alfa intravenous infusion)	Minimum of 3 months, on a stable dose**	Weight-based dose administered once every 2 weeks. Boxed Warning for anaphylaxis and hypersensitivity reactions. Warning for infusion reactions and membranoproliferative glomerulonephritis.
Fabrazyme® (afalsidase beta intravenous infusion)**	Minimum of 3 months, on a stable dose**	Weight-based dose administered once every 2 weeks. Warning for anaphylaxis, hypersensitivity reactions, and infusion reactions.
Kanuma (sebelipase alfa intravenous infusion)**	Minimum of 3 months, on a stable dose**	Weight-based dose administered once a week or once every 2 weeks. Warning for anaphylaxis, severe hypersensitivity.
Lumizyme® (alglucosidase alfa intravenous infusion)**	Minimum of 3 months, on a stable dose**	Weight-based dose administered once every 2 weeks. Boxed Warnings regarding anaphylaxis, hypersensitivity and immune-mediated reactions, and cardiorespiratory failure.
Mepsevii® (vestronidase alfa-vjbc intravenous infusion)**	Minimum of 3 months, on a stable dose**	Weight-based dose administered once every 2 weeks. Boxed Warning regarding anaphylaxis.
Naglazyme® (galsulfase intravenous infusion)**	Minimum of 3 months, on a stable dose**	Weight-based dose administered once weekly. Warnings for anaphylaxis, hypersensitivity reactions, immune-mediated reactions, acute cardiorespiratory failure, acute respiratory complications, and infusion reactions.
Nexviazyme™ (avalglucosidase alfa-ngpt intravenous infusion)**	Minimum of 3 months, on a stable dose**	Weight-based dose administered once every 2 weeks. Boxed Warnings for severe hypersensitivity reactions, infusion-associated reactions, and acute cardiorespiratory failure.
Pombiliti™ (cipaglucosidase alfa intravenous infusion)	Minimum of 3 months, on a stable dose**	Weight-based dose administered once every other week. Boxed Warning regarding hypersensitivity reactions including anaphylaxis, infusion-associated reactions, and risk of acute cardiorespiratory failure.
Revcovi® (elapegademase-lvir intramuscular injection)	Up to 4 doses	Weight-based dose administered once weekly. Warning for injection site bleeding in those with thrombocytopenia.
Vimizim (elosulfase alfa intravenous infusion)**	Minimum of 3 months, on a stable dose**	Weight-based dose administered once every week. Boxed Warning regarding anaphylaxis.
VPRIV® (velaglucerase alfa intravenous infusion)**	Minimum of 3 months, on a stable dose**	Weight-based dose given every 2 weeks.
Xenpozyme™ (olipudase alfa-rpcp intravenous infusion)	Minimum of 3 months, on a stable dose**	Weight-based dose administered once every 2 weeks. Boxed Warning for severe hypersensitivity reactions, including anaphylaxis.
Hematology		
Altuviiiio™ (antihemophilic factor [recombinant] Fc-VWF-XTEN fusion protein-ehtl intravenous injection)	--	Dosing is individualized. Contraindicated in patients who have previously experienced severe hypersensitivity reactions, including anaphylaxis to Altuviiiio.
Nplate® (romiplostim subcutaneous injection)	Must be on a stable maintenance dose prior to a	Weight-based maintenance dose administered once every week.

	lower-intensity setting.	
Corifact® (Factor XIII Concentrate [human] intravenous infusion)	Up to 3 doses	Adjust dose to maintain 5% to 20% trough level of factor XIII activity. Most patients do not require dose adjustment for prophylaxis (i.e., 40 IU/kg is effective for most patients). Warning for hypersensitivity reaction and thrombotic events.
Enjaymo™ (sutimlimab-jome intravenous infusion)	Up to 4 doses	Weight-based weekly dosing for 2 weeks, then once every 2 weeks. Warning for infusion-related reactions.
Ceptrotin® (protein C concentrate [human] intravenous infusion)	--	Weight-based dose given every 28 days.
RiaSTAP® (fibrinogen concentrate [human] intravenous infusion)	--	Weight-based dose given every 28 days.
Tretten® (coagulation Factor XIII A-Subunit [recombinant] intravenous infusion)	--	Weight-based dose given every 28 days.
Vonvendi® (von Willebrand factor [recombinant] intravenous infusion)	--	Dosing is individualized.
Factor VIII Products <u>Extended Half-Life Products:</u> Adynovate, Eloctate, Esperoct, Jivi <u>Standard Half-Life Products:</u> Advate, Afstyla, Kogenate FS, Kovaltry, Novoeight, Nuwiq, Recombinate, Xyntha <u>Plasma-Derived Standard Half-Life Products:</u> Hemofil M, Alphanate, Humate-P, Koate, Wilate	--	Dosing is individualized.
Factor IX Products <u>Extended Half-Life Products:</u> Alprolix, Idelvion, Rebinyn <u>Standard Half-Life Products:</u> BeneFIX, Ixinity, Rixubis <u>Plasma-Derived Standard Half-Life Products:</u> AlphaNine SD, Mononine, Profilnine	--	Dosing is individualized.
NovoSeven® RT (coagulation Factor VIIa [recombinant] intravenous infusion)	--	Weight-based dose given every 28 days.
FEIBA® (anti-inhibitor coagulant complex intravenous infusion)	--	Weight-based dose given every 28 days.
Hemlibra® (emicizumab-kxwh subcutaneous injection)	--	Dosing is individualized.
Hereditary Angioedema		
Berinert, Cinryze, icatibant (Firazyr, generic), Haegarda, Kalbitor, Ruconest, Takhzyro	--	Dosing is individualized.
Gout		
Krystexxa® (pegloticase intravenous infusion)	Up to 2 doses	Administered once every two weeks. Boxed Warning for anaphylaxis and infusion reactions, glucose-6-phosphate dehydrogenase deficiency associated hemolysis, and methemoglobinemia. Warning for exacerbation of heart failure.
Hepatology		
Givlaari® (givosiran subcutaneous injection)	--	Weight-based dose administered by a healthcare professional once monthly.

		Warnings for anaphylactic reaction, hepatic toxicity, renal toxicity, and injection site reactions.
Human Immunodeficiency Virus		
Apretude [®] (cabotegravir intramuscular injection)	Up to 2 doses	Administered by a healthcare provider and given monthly for two consecutive months followed by maintenance dosing once every 2 months. Boxed Warning for drug resistance. Warnings for hypersensitivity reactions and hepatotoxicity.
Cabenuva [®] (cabotegravir extended-release intramuscular injection; rilpivirine extended-release intramuscular injection)	Up to 2 doses	Injected monthly or every 2 months. Must be administered by a healthcare provider by gluteal intramuscular injection.
Sunlenca [®] (lenacapavir subcutaneous injection)	1 dose	Maintenance dosing is every 6 months.
Trogarzo [®] (ibalizumab-uiyk intravenous infusion)	--	Administered by a healthcare provider as a loading dose followed by a maintenance dose every 2 weeks thereafter.
Immune Deficiency		
Immune Globulin – Intravenous (e.g., Asceniv, Bivigam, Flebogamma, Gammagard Liquid, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Octagam, Panzyga, Privigen Liquid)	--	Dose is adjusted to achieve the desired trough levels and clinical response. Boxed Warning due to an associated risk of renal dysfunction, acute renal failure, osmotic nephropathy, and mortality.
Immune Globulin – Subcutaneous (e.g., Cutaquig, Cuvitru ^{***} , Gammagard Liquid, Gammaked, Gamunex-C, Hizentra ^{***} , HyQvia ^{***} , Xembify)	--	Dose is adjusted to achieve the desired trough levels and clinical response. Boxed Warning for thrombosis.
Cytogam [®] (cytomegalovirus immune globulin [human] intravenous infusion)	--	Weight-based dose administered within 72 hours of transplant, then at Weeks 2, 4, 6, 8, 12, and 16 post-transplant.
Inflammatory Conditions		
Actemra [®] (tocilizumab intravenous infusion)	Up to 2 doses	Dose every 2 or 4 weeks. Boxed Warning for serious infection.
Cimzia [®] (certolizumab pegol subcutaneous injection)	--	First three doses given every 2 weeks, then given every 2 or 4 weeks thereafter. Boxed Warnings for serious infections and malignancy.
Cosentyx [®] (secukinumab intravenous infusion)	Up to 1 dose	Weight-based dose given once every 4 weeks. Warnings for infections, hypersensitivity reactions, inflammatory bowel disease, eczematous eruptions, risk of hypersensitivity in latex-sensitive individuals.
Entyvio [®] (vedolizumab intravenous infusion)	Up to 3 doses	First three doses given at 0, 2, and 6 Weeks then every 8 weeks thereafter. Warnings for infusion-related reactions and hypersensitivity reactions, infections, and progressive multifocal leukoencephalopathy.
Ilaris [®] (canakinumab subcutaneous injection) ^{***}	--	Nursing provided by the manufacturer. Weight-based dosing administered every 4 to 8 weeks. Warning for infection.
Ilumya [®] (tildrakizumab-asmn subcutaneous injection)	Up to 2 doses	Administered by a healthcare provider at Weeks 0 and 4, then every 12 weeks thereafter. Warning for hypersensitivity and infection.
Infliximab Intravenous Products (Avsola [®] , Inflectra [®] , Remicade [®] , Renflexis [®] , infliximab)	Up to 3 doses	Weight-based dose given, first doses at 0, 2, and 6 weeks, then every 6 to 8 weeks. Boxed Warning for serious infection and malignancy. If transitioning to accelerated (over 1 hour) /rapid (over 30 minute) infliximab infusions MUST have a minimum of 3 uneventful infusions in a controlled setting prior to a lower-intensity setting.
Orencia [®] (abatacept intravenous infusion)	Up to 3 doses	Weight-based dose given at Week 0, 2, and 4, then every 4 weeks thereafter. Warning for hypersensitivity and anaphylaxis and serious infections.

Simponi Aria® (golimumab intravenous infusion)	Up to 2 doses	Weight-based dosing given at Weeks 0 and 4, then every 8 weeks thereafter. Boxed Warnings for serious infections and malignancy.
Inflammatory/Oncology		
Rituximab Intravenous Products (Rituxan, Riabni, Ruxience, Truxima)	Up to 3 doses	Dose varies by indication. Boxed Warnings for fatal infusion-related reactions, severe mucocutaneous reactions, and progressive multifocal leukoencephalopathy.
Lupus		
Benlysta® (belimumab intravenous infusion)	Up to 3 doses	First three doses given every 2 weeks, then given every 4 weeks thereafter. Warnings for serious infection, progressive multifocal leukoencephalopathy, hypersensitivity (including anaphylaxis), and depression/suicidality.
Saphnelo® (anifrolumab-fnia intravenous infusion)	Up to 2 doses	Given once every 4 weeks. Warnings for serious infections, hypersensitivity reactions, including anaphylaxis, and malignancy.
Metabolic Disorders		
Evkeeza® (evinacumab-dgnb intravenous infusion)	Up to 2 doses	Given as a weight-based infusion ever 4 weeks. Warning for serious hypersensitivity reactions.
Leqvio® (inclisiran subcutaneous injection)	Up to 2 doses	Given as a subcutaneous injection by a healthcare provider at baseline and Month 3, then every 6 months thereafter.
Nulibry® (fosdenopterin intravenous infusion)	Up to 12 doses	Given as a weight-based dose once daily.
Oxlumo® (lumasiran subcutaneous injection)	Up to 2 doses	Given as a weight-based dose by a healthcare provider once every month.
Migraine		
Vyepti® (eptinezumab-jjmr intravenous infusion)	1 dose	Given as by a healthcare provider once every month. Warning for hypersensitivity reactions.
Miscellaneous Conditions		
Uplizna® (inebilizumab-cdon intravenous infusion)	Up to 2 doses	Administered at Week 0 and 2 followed by subsequent infusion 6 months after the initial infusion, then once every 6 months thereafter. Warnings for infusion reactions and infections.
Multiple Sclerosis		
Lemtrada® (alemtuzumab intravenous infusion)	Up to 5 doses	Given as a first course (with a dose given on 5 consecutive days) and a second course 12 months after the first course (with a dose given on 3 consecutive days) with repeat subsequent treatment courses administered as needed at least 12 months after the prior course. Boxed Warnings for autoimmunity, infusion reactions, stroke, and malignancies. Warnings for glomerular nephropathies, hemophagocytic lymphohistiocytosis, thrombotic thrombocytopenic purpura, acquired hemophilia A, infections, and progressive multifocal leukoencephalopathy.
Briumvi™ (ublituximab-xiiy intravenous infusion)	Up to 2 doses	First dose given and then a second dose 2 weeks later, and then one dose every 6 months.
Ocrevus® (ocrelizumab intravenous infusion)	Up to 2 doses	First dose given and then a second dose 2 weeks later, and then one dose every 6 months. Warnings for infusion reactions, infections, progressive multifocal leukoencephalopathy, and malignancies.
Ocrevus Zunovo™ (ocrelizumab and hyaluronidase-ocsq subcutaneous injection)	Up to 1 dose	Administer once every 6 months. Warnings for injection reactions, infections, progressive multifocal leukoencephalopathy, reduction in immunoglobulins, malignancies, and immune-mediated colitis.
Tysabri® (natalizumab intravenous infusion)	Up to 3 doses	Administered once every 4 weeks. Boxed Warning for progressive multifocal leukoencephalopathy. Warnings for hepatotoxicity, hypersensitivity reactions (including anaphylaxis), and thrombocytopenia.
Neurological Conditions		
Radicava® (edaravone intravenous infusion)	Up to 14 doses	Given once daily for 14 days followed by a 14-day drug-free period; subsequent cycles daily use for 10 days out of a 14-day period followed by 14-day drug-free periods. Warnings for hypersensitivity reactions and sulfite allergy.
Rystiggo® (rozanolixizumab-noli subcutaneous infusion)	Up to 4 doses	Weight-based dose given by a healthcare provider once weekly. Aseptic meningitis and hypersensitivity reactions have been reported.

Vyvgart® (efgartigimod alfa-fcab intravenous infusion)	--	Given once weekly for 4 weeks. Subsequent cycles are based on clinical evaluation. Warnings for hypersensitivity reactions.
Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc subcutaneous injection)	--	Given once weekly for 4 weeks. Subsequent cycles are based on clinical evaluation. Warnings for hypersensitivity reactions.
Ophthalmic Conditions		
Tepezza® (teprotumumab-trbw intravenous infusion)	--	Weight-based dosing administered once every 3 weeks. Warnings for infusion reactions, exacerbation of preexisting inflammatory bowel disease, and hyperglycemia.
Respiratory Syncytial Virus		
Synagis® (palivizumab intramuscular injection)	1 dose	Weight-based dose administered monthly. Warnings for anaphylaxis and anaphylactic shock.
Sickle Cell Disease		
Adakveo® (crizanlizumab-tmca intravenous infusion)	Up to 2 doses	Weight-based dose given at Week 0 and 2, then every 4 weeks thereafter. Warnings for infusion-related reactions.
Transplant		
Nulojix® (belatacept intravenous infusion)	Up to 6 doses	Maintenance starts at end of Week 16. Six doses would have been given prior to maintenance. Boxed Warnings for post-transplant lymphoproliferative disorder, other malignancies, and serious infections. Warning for progressive multifocal leukoencephalopathy.

** Minimum of 3 months, on a stable dose, with uneventful Enzyme Replacement Therapy (ERT) infusions in a controlled setting required prior to a lower-intensity setting; *** Administration training must be done via the manufacturer program, then can be supported at a lower-intensity site after training is complete.

HISTORY

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	The exception for when the patient's medical status or therapy requires enhanced monitoring that cannot be provided in a lower-intensity setting was removed. The exception for when the patient has a history of cardiac or pulmonary conditions that may increase the risk of severe adverse reactions was removed. The exception for a patient who has physical or cognitive impairments was reworded to apply to those that may require immediate access to services in a hospital setting (previously worded as a lower-intensity setting would present an unnecessary health risk). The exception for a patient with a severe or potentially life-threatening adverse event was reworded to apply to those who may require immediate access to services in a hospital setting (previously worded as the adverse event cannot be managed using premedication in a lower-intensity setting). Documentation requirements were added for when the patient's condition is clinically unstable such that immediate access to services in a hospital setting may be required, and when the patient has previously had a severe or potentially life-threatening adverse event with the prescribed agent. The following medications were added to allow override doses at a lower-intensity setting: Rystiggo (up to 4 doses), Cosentyx intravenous (up to 1 dose), Altuviiio (no override doses), Vyvgart Hytrulo (no override doses), Elfabrio (a minimum of 3 months on a stable dose), Pombility (a minimum of 3 months on a stable dose).	02/07/2024
Annual Revision	No criteria changes. Policy name was changed from Site of Care Utilization Management Medical Policy to Site of Care Medication Administration Policy.	03/12/2025
Selected Revision	Ocrevus Zunovo was added to the policy to allow up to 1 override dose approved prior to a lower-intensity setting.	07/16/2025
Annual Revision	No criteria changes.	02/18/2026