

SPECIALTY CARE OPTIONS AND SPECIALTY CARE OPTIONS PLUS



Drug List and Frequently Asked Questions for Health Care Providers

May 2022

Overview

Cigna's Specialty Care OptionsSM (SCO) and Specialty Care Options PlusSM (SCO+) programs identify customers whose nononcology and oncology specialty medications are being administered in a higher-intensity setting (e.g., outpatient hospital) to determine whether an affordable, less-intensive site of care is clinically appropriate. These customers are identified at the time of prior authorization.

When clinically appropriate, the SCO team redirects to a high-quality, less-intensive site of care, such as a contracted provider's office, customer's home with infusion nurses, or non-hospital-based ambulatory infusion center. In certain circumstances, procurement from a specialty pharmacy with which Cigna has a reimbursement arrangement may be an option.

Additional information, including medical necessity requirements for a higher-intensity setting, is outlined in the Medication Administration Site of Care coverage policy. This policy is available on the Cigna for Health Care Professionals website (CignaforHCP.com > Get questions answered: Resource > Coverage Policies > Pharmacy [Drugs & Biologics] A-Z Index: View Documents > [Medication Administration Site of Care - \[1605\]](#)).

Frequently asked questions

Which specialty medical drugs does site of care apply to?

The list of specialty drugs eligible for redirection is provided after this section. The SCO and SCO+ list is subject to change without prior notice.

What are the criteria for a drug to be considered eligible for a lower-intensity care setting?

Drugs included in these programs are identified based on manufacturer and U.S. Food and Drug Administration guidelines for administration. Further, Cigna medical directors across various specialties rigorously review each drug to ensure the safety and efficacy of administration in lower-intensity settings.

Is there a special prior authorization process for drugs eligible for redirection?

No. The standard prior authorization process for medical necessity applies. Medical necessity requirements are outlined in the Medication Administration Site of Care coverage policy at CignaforHCP.com > Get questions answered: Resource > Coverage Policies > Pharmacy [Drugs & Biologics] A-Z Index: View Documents > [Medication Administration Site of Care - \(1605\)](#).

A request initiated from an outpatient hospital setting may be subject to a one-time 30-day approval period to facilitate transition to an alternative less-intensive site of care if medically necessary.

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How will Cigna support coordination of services with the less-intensive site of care?

Cigna's dedicated team of registered nurse case managers will facilitate arrangements and coordinate care in collaboration with providers and customers. For questions, please call Cigna at **877.865.6492**.

Who should providers contact with additional questions about the SCO and SCO+ drugs?

Providers should call the SCO team at **877.865.6492** if they have questions.

Injectables

The following tables detail the affected drugs.

SCO+ INJECTABLES ^{1,2}			
Healthcare Common Procedure Coding System (HCPCS) code(s)	Brand name	Generic name	Site of care addition date
J9402	ADCETRIS®	brentuximab vedotin	March 2021
J9305	ALIMTA®	pemetrexed	March 2021
J9305	Avastin®	bevacizumab	March 2021
J9144	DARZALEX FASPRO®	daratumumab and hyaluronidase-fihj	March 2021
J9217	ELIGARD® ³	leuprolide acetate for depot suspension	July 2021
J9358	ENHERTU® ⁴	fam-trastuzumab deruxtecan-nxki	March 2021
J9359	FASLODEX®	fulvestrant	October 2021
Q5108	Fulphila	Pegfilgrastim-jmdb	October 2018
J9999/C9399	Fyarro™ ⁴	sirolimus protein-bound particles (albumin-bound)	January 2021
J9355	Herceptin®	trastuzumab	March 2021
J9356	Herceptin Hylecta™	trastuzumab and hyaluronidase-oysk	April 2022
Q5113	HERZUMA®	trastuzumab-pkrb	March 2021
J9173	IMFINZI™	durvalumab	March 2021

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J9272	JEMPERLI	dostarlimab-gxly	May 2021
J9354	Kadcyla®	ado-trastuzumab emtansine	March 2021
Q5117	KANJINTI™	trastuzumab-anns	March 2021
J9271	KEYTRUDA®	pembrolizumab	March 2021
J9119	LIBTAYO® ⁴	cemiplimab-rwlc	January 2022
J9217	LUPRON DEPOT® ³	leuprolide acetate for depot suspension (7.5 mg)	July 2021
J1950	LUPRON DEPOT ³	leuprolide acetate for depot suspension (3.75 mg)	July 2021
Q5107	MVASI™	bevacizumab-awwb	March 2021
J2506	Neulasta OnPro	pegfilgrastim	February 2017
J2506	Neulasta Syringe	pegfilgrastim	February 2017
Q5122	Nyvepria	pegfilgrastim-apgf	January 2021
Q5114	Ogivri™	trastuzumab-dkst	March 2021
Q5112	ONTRUZANT®	trastuzumab-dttb	March 2021
J9229	OPDIVO®	nivolumab	March 2021
J9999,C9399	Opdualag	Nivolumab & relatimab-rmbw	May 2022
J9306	Perjeta®	pertuzumab	March 2021
J9316	Phesgo™	pertuzumab, trastuzumab, and hyaluronidase-zzxf	March 2021
Q5123	RIABNI™	rituximab-arrx	January 2021
J9312	Rituxan® ³	rituximab (10 mg)	July 2017
J9311	Rituxan Hycela®	rituximab and hyaluronidase (human)	March 2021

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Q5119	RUXIENCE™ ³	rituximab-pvvr	August 2020
J9061	RYBREVANT™ ⁴	amivantamab-vmjw	October 2021
J2353	Sandostatin Lar Depot	octreotide acetate	May 2017
J1930	Somatuline Depot	lanreotide acetate	May 2017
J9022	Tecentriq®	atezolizumab	May 2021
J9999/C9399	TIVDAK® ⁴	tisotumab vedotin-tftv	November 2021
Q5116	TRAZIMERA	trastuzumab-qyyp	March 2021
J3315	Trelstar	triptorelin pamoate	July 2021
Q5115	TRUXIMA® ³	rituximab-abbs	August 2020
Q5111	Udenyca	pegfilgrastim-cbqv	December 2018
J9041	VELCADE®	bortezomib	March 2021
J0897	XGEVA®	denosumab	March 2021
J9228	YERVOY®	ipilimumab	March 2021
Q5120	Ziextenzo	pegfilgrastim-bmez	July 2020
Q5118	ZIRABEV™	bevacizumab-bvzr	March 2021
C9084	ZYNLONTA® ⁴	loncastuximab tesirine-lpyl	January 2022

SCO INJECTABLES²

HCPCS code(s)	Brand name	Generic name	Site of care addition date
J3262	Actemra®	tocilizumab	July 2017
J2504	ADAGEN®	pegademase bovine	May 2017

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J0791	ADAKVEO®	crizanlizumab-tmca	July 2020
J0712	Aduhelm	aducanumab-avwa	July 2021
J1931	Aldurazyme®	laronidase	May 2017
C9075	Amondys 45	casimersen	March 2021
J3490	APRETUDE	cabotegravir	February 2022
J0256	ARALAST® NP	alpha ₁ -proteinase inhibitor (human)	May 2017
J0881	ARANESP®	darbepoetin alfa	March 2017
J1554	ASCENIV™	immune globulin	March 2021
J3145	AVEED®	testosterone undecanoate	June 2018
Q5121	AVSOLA®	infliximab-axxq	July 2020
J0490	BENLYSTA	belimumab	May 2017
J0597	BERINERT®	C1 esterase inhibitor (human)	December 2018
J1556	Bivigam®	immune globulin intravenous (human)	May 2017
J0567	Brineura®	cerliponase alfa	May 2017
C9077	CABENUVA	cabotegravir/rilpivirine	February 2021
C9047	Cablivi®	caplacizumab-yhdb	July 2019
J1786	Cerezyme®	imiglucerase	May 2017
J0717	CIMZIA®	certolizumab pegol	July 2017
J2786	Cinqair®	reslizumab	June 2018

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J0598	CINRYZE®	C1 esterase inhibitor (human)	December 2018
J0584	Crysvita®	burosumab-twza	March 2019
J3590	cutaquig®	immune globulin subcutaneous (human)-hipp	July 2019
J1555	CUVITRU®	immune globulin subcutaneous (human)	January 2018
J0850	CYTOGAM®	cytomegalovirus immune globulin intravenous (human)	May 2017
J1743	ELAPRASE®	idursulfase	May 2017
J3060	ELELYSO™	taliglucerase alfa	May 2017
J9217	ELIGARD ³	leuprolide acetate for depot suspension	July 2021
J3490	ENJAYMO™	sutimlimab-jome	March 2022
J3380	Entyvio®	vedolizumab	May 2017
J3111	Evenity™	romosozumab-aqqg	July 2019
C9079	Evkeeza™	evinacumab-dgnb	April 2021
J1428	Exondys 51™	eteplirsen	February 2018
J0180	Fabrazyme®	agalisdase beta	May 2017
J0517	Fasenra™	benralizumab	December 2018
J1572	Flebogamma®	immune globulin (human)	May 2017
J1460	GamaSTAN®	immune globulin (human)	May 2017
J9210	Gamifant®	emapalumab-lzsg	March 2019
J1569	GAMMAGARD LIQUID®	immune globulin infusion (human)	May 2017

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J1557	GAMMAPLEX®	immune globulin intravenous (human)	May 2017
J1561	GAMUNEX®C	immune globulin injection (human)	May 2017
J0223	GIVLAARI®	givosiran	March 2020
J0257	GLASSIA®	alpha ₁ -proteinase inhibitor (human)	May 2017
J1559	Hizentra®	immune globulin subcutaneous (human)	May 2017
J1575	HYQVIA®	immune globulin infusion (human)	May 2017
J0638	Ilaris®	canakinumab	February 2018
J3245	ILUMYA®	tildrakizumab-asmn	March 2017
90283	Immune globulin (IgIV)	immune globulin for intravenous use (human)	May 2017
90284	Immune globulin (SCIg)	immune globulin for subcutaneous infusions (human)	May 2017
Q5103	INFLECTRA®	infliximab-dyyb	July 2017
J1290	KALBITOR®	ecallantide	December 2018
J2804	KANUMA®	sebelipase alfa	December 2018
J2507	KRYSTEXXA®	pegloticase injection	February 2018
J0202	LEMTRADA®	alemtuzumab	May 2019
J3490	Leqvio®	inclisiran	January 2022
J0221	Lumizyme®	alglucosidase alfa	May 2017
J9217	LUPRON DEPOT ³	leuprolide acetate for depot suspension (7.5 mg)	July 2021
J1950	LUPRON DEPOT ³	leuprolide acetate for depot suspension (3.75 mg)	July 2021

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J3397	Mepsevii®	vestronidase alfa-vjvk	March 2019
J0888	MIRCERA®	methoxy polyethylene glycol-epoetin beta	September 2018
J1458	Naglazyme®	galsuflase	May 2017
J2796	Nplate®	romiplostim	May 2017
J2182	NUCALA	mepolizumab	June 2018
J3490	NULIBRY®	fosdenopterin	March 2021
J0485	NULOJIX®	belatacept	January 2022
J2350	Ocrevus®	ocrelizumab	January 2018
J1568	OCTAGAM®	immune globulin intravenous (human)	May 2017
J0129	ORENCIA®	abatacept	July 2017
J0224	OXLUMO®	lumasiran	January 2021
J1599	PANZYGA®	immune globulin intravenous (human) - ifas	March 2019
J1459	Privigen®	immune globulin intravenous (human)	May 2017
J0885	PROCRIPT®/EPOGEN®	epoetin alfa	May 2017
J0256	PROLASTIN®-C	alpha ₁ -proteinase inhibitor (human)	May 2017
J0897	Prolia®	denosumab	May 2017
J1301	RADICAVA	edaravone	December 2017
J0896	REBLOZYL®	luspatercept-aamt	March 2020
Q5104	RENFLEXIS™	infliximab-abda	December 2017

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Q5106	RETACRIT	epoetin alfa-epbx	October 2018
C9399	REVCovi®	elapegademase-lvlr	March 2019
J9312	Rituxan ³	rituximab (10 mg)	July 2017
J0596	RUCONEST®	C1 esterase inhibitor (recombinant)	December 2018
Q5119	RUXIENCE ³	rituximab-pvvr	August 2020
C9086	SAPHNELO™	anifrolumab-fnia	October 2021
J2502	SIGNIFOR® LAR	pasireotide	December 2018
J1602	SIMPONI ARIA®	golimumab	July 2017
J1300	SOLIRIS®	eculizumab	May 2017
J3358	STELARA®	ustekinumab	May 2017
90378	SYNAGIS®	palivizumab	May 2017
J3241	TEPEZZA	teprotumumab-trbw	March 2020
J3590	TEZSPIRE™	tezepelumab-ekko	February 2022
J3316	TRIPTODUR®	triptorelin	June 2017
J1746	Trogarzo®	ibalizumab-uiyk	December 2017
Q5115	TRUXIMA ³	rituximab-abbs	August 2020
J2323	TYSABRI®	natalizumab	July 2017
J1303	ULTOMIRIS®	ravulizumab-cwvz	March 2019
J1823	UPLIZNA®	inebilizumab-cdon	March 2021

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J1427	VILTEPSO®	viltolarsen	March 2021
J1322	Vimizim®	elosulfase alfa	May 2017
J3385	VPRIV®	velaglucerase alfa	May 2017
J1429	VYONDYS 53™	golodirsen	February 2020
J3490	VYVGART™	efgartigimod alfa-fcab	January 2022
J1558	XEMBIFY®	immune globulin subcutaneous human-klhw	March 2020
J2357	Xolair®	omalizumab	May 2017
J0256	Zemaira®	alpha ₁ -proteinase inhibitor (human)	May 2017

1. When prescribing oncology drugs for your patients with Cigna coverage, please request prior authorization, when it's needed, through eviCore healthcare. To access the full list of drugs requiring prior authorization, log in to CignaforHCP.com > Resources > Reimbursement Policies and Payment Policies > Precertification Policies > [Oncology Drugs Requiring Precertification through eviCore Healthcare](#).
2. Cigna may grant an exception to reimburse a one-time, or single, administration billed by a facility when a customer needs access to the injectable before it can be obtained from a specialty pharmacy with which Cigna has a reimbursement arrangement.
3. Drug is listed on both SCO and SCO+ drug list.
4. Drug requires procurement through a specialty pharmacy with which Cigna has a reimbursement arrangement if site-of-care management is not feasible.

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