

Provider Administered Drugs – Site of Care Policy

Frequently asked questions

Overview

Starting Aug. 1, 2026, several drugs including Darzalex Faspro, Imfinzi, Jemperli, Keytruda (and variants), Libtayo, Opdivo (and variants), Phesgo, Tecentriq (and variants) and Yervoy, will be added to the [Provider Administered Drugs – Site of Care Policy](#).

For prior authorization requests that include these oncology medications and fall within the scope of site of care requirements for the outpatient hospital setting, a medical necessity review will be conducted through the Optum Cancer Guidance Program to determine the most appropriate site of care, in addition to evaluating the medical necessity of the drug regimen itself.

Members who meet criteria for the outpatient hospital setting may continue receiving coverage for treatment at the hospital outpatient facility. Otherwise, coverage will be provided for administration of the drug when administered at an alternate site of care that meets eligibility requirements.

Additional care coordination may be provided through home health, ambulatory infusion agencies or community oncology offices, as appropriate. When maintenance treatments are administered at home or in ambulatory infusion settings, efforts may be made to support continuity of care with the original treating provider. Overall, this process will help enable members to receive their injectable medications safely and effectively at the most suitable location based on their individual needs and treatment phase.

For the most up-to-date drug list to which this policy applies, refer to the [Provider Administered Drugs – Site of Care resource](#).

Frequently asked questions

Will the medications in scope require prior authorization?

The medications in scope for site of care already require prior authorization, and this will not change due to this policy. View our [prior authorization requirements resource](#), for more information.

What geographic criteria allows continued administration of site of care medication coverage in an outpatient hospital setting?

If the closest in-network ambulatory infusion suite or community oncology practice is located greater than 30 miles one way from the member's residence (or more than 10 miles if the member lives in an urban population area), and if there are no oncology home infusion services available in that member's residential area, then the member may continue receiving coverage for the in-scope medication in the outpatient hospital setting.

Note that in some states regulatory requirements may apply such that the geographic distance requirement may be less than 30 miles.

Where can I find the clinical and geographic criteria used for the medical necessity review for the site of care?

View the [Provider Administered Drugs – Site of Care Policy](#). You'll need to submit clinical records for review so that we can determine if the member meets medical necessity criteria for outpatient hospital infusion.

The member's residence will be mapped by the Cancer Guidance Program team to determine whether alternate care providers for home infusion, ambulatory infusion centers, or community oncology practices are located within the geographic distance of 30 miles one way, within 10 miles for urban population areas (or the state-required mileage if less than 30 miles). Members can also check www.myuhc.com for a full list of in-network home infusion, ambulatory infusion suites and community oncology providers.

How will UnitedHealthcare assess medical necessity for site of care for in-scope medication?

- Review of our [Provider Administered Drugs - Site of Care Medical Benefit Drug Policy](#) to determine the medically necessary site of care for the member
 - Submission and review of member's treatment plan
- Documentation of any medical diagnoses or conditions indicating medical necessity for administration of the in-scope drug in the outpatient hospital setting has been met.

Which UnitedHealthcare commercial plans are in scope for the Provider Administered Drug Program for medical injectable medications?

The following UnitedHealthcare commercial plans are in scope for the Provider Administered Drug Program for medical injectable medications. Indemnity/Options PPO plans are excluded.

- United Healthcare Legacy plans
- Neighborhood Health Partnership
- UnitedHealthcare of the River Valley
- Surest
- Mid-Atlantic Health Plan
- UnitedHealthcare Oxford commercial benefit plans



Where can members find a list of non-hospital providers that may be able to administer these drugs?

Information on in-network ambulatory infusion companies, home infusion companies, or community oncology offices that may administer these medications is available on myuhc.com.

Additionally, a nurse case manager will work with you and the member to provide information on nearby alternate providers to outpatient hospitals.

How does the site of care medical necessity review process affect decisions between physicians and their patients?

We support informed patient choice and respect care decisions between physicians and our plan members. Our coverage determinations reflect whether a site is covered under a member's benefit plan and medically necessary, and do not replace treatment decisions made between physicians and patients.

How will members be notified if receiving their medical injectable medications in an outpatient hospital setting is not medically necessary?

Members will receive a letter and an outreach call from Optum at the beginning of their treatment regimen. Members will be able to consider options and communicate with their provider about the transition to an alternative site of care.

How will the treating oncology provider be notified of the medical necessity for site of care?

If an oncology medication requires a site of care medical necessity review, the ordering provider will be able to select home infusion, a community oncology office or an ambulatory infusion suite as an alternate provider for a specific number of infusions in the Cancer Guidance Program tool during the prior authorization process.

If medical necessity for continued treatment in the outpatient hospital is not met, the Cancer Guidance Program Nurse will contact the provider and request that provider add an alternate site of care to the prior authorization.



Questions? We're here to help.

If you have questions, please contact your local network management representative, or call the Provider Services phone number on the member's health plan ID card. If you require additional assistance, please email unitedoncology@uhc.com or call Optum Cancer Guidance program at **888-397-8129**, 8 a.m. to 5 p.m. local time, Monday–Friday.