

PROVIDER ALERT



To: AmeriHealth Caritas Louisiana Providers

Date: September 5, 2025

Subject: LDH Approved Site of Care Medical Pharmacy

Summary: Guideline for LDH Approved Site of Care Medical Pharmacy

AmeriHealth Caritas Louisiana would like to inform you of a policy that the Louisiana Department of Health have approved in accordance with La. R.S. 46:460.54. The guideline will be effective on **October 5, 2025** and will be posted at the following link on our website under Pharmacy Prior Authorization Criteria:

<https://www.amerihealthcaritasla.com/pdf/pharmacy/acla-non-pdl-prior-auth-criteria.pdf>.

1. Site of Care Medical Pharmacy

Reminder: If your practice is not registered with our website portal, NaviNet, we highly recommend registering. To register, please visit www.navinet.net to sign up or contact your Provider Account Executive for details.

Questions:

Thank you for your continued support and commitment to our patients' care. If you have questions about this communication, please get in touch with AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

Missed an alert?

You can always find a complete list of provider alerts on our website's Newsletters and Updates page.

Need to update your provider information? Send full details to network@amerihealthcaritasla.com

Site of Care Medical Pharmacy

CCPD ID: CCP.8004-04

Recent review date: **3/2025**

Next review date: **7/2026**

Policy contains: Medical Pharmacy Policy; Infusion Center; Prior Authorization.

Coverage policy

AmeriHealth Caritas Louisiana provides reimbursement for medical services for Medicaid members only when those services are provided in the most appropriate and cost-effective setting consistent with the member's medical needs and condition. The following drugs require prior authorization for medical necessity and can be safely administered in the home, an in-network infusion center, and an in-network office:

Actemra® *	Keytruda®
Alemtuzumab injection	Lanreotide injection
Avsola™	Leuprolide acetate
Benlysta	Mepolizumab injection
Bivigam	Naglazyme
Carimune NF®	Mepolizumab injection
Cinqair®	Ocrelizumab injection
Crysvita® *	Octagam® injection
Cutaquig®	Octreotide injection, depot
Cuvitru®	Omalizumab injection
Elelyso®	Onpattro®
Evenity	Orencia®
Fabrazyme®	Panzyga®
Filgrastim g-csf biosimilar injection	Pegfilgrastim injection
Flebogamma	Pegloticase injection
Gamastan S/D	Prolastin®
Gamastan S/D	Prolia®
Gamifant *	Radicava®
Gammagard Liquid	Reblozyl®
Gammagard S/D	Renflexis®
Gammaked®	Respiratory syncytial virus immune globulin injection
Gammaplex	Romiplostim injection
Gamunex C®	Simponi Aria®
Givlaari	Soliris®
Glassia™	Stelara®
Glassia/Aralast NP™	Tecentriq®
Hizentra	Tocilizumab injection
Trogarzo®	<u>Uplinza®</u>

QviaHy	Ultomiris® *
Idursulfase injection	Vedolizumab injection
Ilaris	Vimizim®
Ilumya™	VPRIV®
Imiglucerase injection	Vyepti™
Immune globulin, powder	Xembify®
Inflectra®	Zemaira®
Infliximab (not biosimilar)	
IVIG injection(Privigen®)	
Ixifi™	

Note: *Specific medications used in pediatric population are excluded from this policy requirement.

When these drugs are administered at an outpatient hospital facility instead of the home, an in-network infusion center or an in-network office, authorization for reimbursement will only be provided if one of the following criteria are met:

- Documented history of severe adverse reaction occurred during or immediately following an infusion and/or the adverse reaction did not respond to conventional interventions.
- Documentation that the member is medically unstable for the safe and effective administration of the prescribed medication at an alternative site of care as a result of one of the following:
 - Complex medical condition, status, or therapy requires services beyond the capabilities of an office or home infusion setting.
 - Documented history of medical instability, significant comorbidity, or concerns regarding fluid status inhibits treatment at a less-intensive site of care.
 - Clinically significant physical or cognitive impairment that precludes safe and effective treatment in an outpatient or home infusion setting.
 - Difficulty establishing and maintaining reliable vascular access.

References

American Academy of Allergy, Asthma & Immunology. IVIG Toolkit. <https://www.aaaai.org/Practice-Management/Practice-Tools/IVIG-Toolkit>. Published 2025.

National Home Infusion Association. About home and alternate site infusion. <https://nhia.org/about-infusion-therapy/>. Published 2025.

Centers for Medicare & Medicaid Services. Medicare claims processing manual. Rev. 12779. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf>. Issued August 9, 2024.

Centers for Medicare & Medicaid Services. Home infusion therapy services. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Home-Infusion-Therapy/Overview>. Last modified September 10, 2024.

Ducharme, J, Pelletier C, and Zacharis, R. The safety of infliximab infusions in the community setting. *Can J Gastroenterol*. 2010;24(5):307-311. Doi: 10.1155/2010/138456.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2886572/>.

Polinski JM, Kowal MK, Gagnon M, Brennan TA, Shrank WH. Home infusion: Safe, clinically effective, patient preferred, and cost saving. *Healthc (Amst)*. 2017;5(1-2):68-80. Doi: 10.1016/j.hjdsi.2016.04.004.

Policy updates

2/2020	Initial review date and clinical policy effective date: 2/2020
1/2021	The following were added. Actemra®; Avsola™; Benlysta; Bivigam; Carimune NF®; Cinqair®; Crysvida®; Cutaquig®; Cuvitru®; Elelyso®; Evenity; Fabrazyme®; Flebogamma;; Gamastan S/D; Gamastan S/D; Gamifant; Gammagard Liquid; Gammagard S/D; Gammaked®; Gammaplex; Gamunex C®; Givlaari; Glassia™; Glassia/Aralast NP™; Hizentra; HyQvia; Ilaris; Ilumya™; Inflectra®; Ixifi™; Naglazyme; Onpattro®; Orencia®; Panzyga®; Prolastin®; Prolia®; Radicava®; Reblozyl®; Renflexis®; Simponi Aria®; Soliris®; Stelara®; Trogarzo;; Ultomiris®; Vimizim®; VPRIV®; Vyepti™; Xembify®; Zemaira®;
4/2023	The following were added: Keytruda®; Tecentriq®
4/2024	No policy changes made.
<u>3/2025</u>	<u>The following was added: Uplinza®. The following were deleted: Leuprolide acetate and Trogarzo®</u>