



Site of Care Medical Pharmacy

CCPD ID: CCP.8004-04

Recent review date: 1/2021

Next review date: 1/2022

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

AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control.

AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.

Coverage policy

AmeriHealth Caritas Louisiana provides reimbursement for medical services 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® *	Ixifi™
Alemtuzumab injection	Lanreotide injection
Avsola™	Leuprolide acetate
Benlysta	Leuprolide acetate for depot suspension
Bivigam	Mepolizumab injection
Carimune NF®	Naglazyme
Cinqair®	Natalizumab injection
Crysvita® *	Ocrelizumab injection
Cutaquig®	Octagam® injection
Cuvitru®	Octreotide injection, depot
Elelyso®	Omalizumab injection
Evenity	Onpattro®
Fabrazyme®	Orencia®
Filgrastim g-csf biosimilar injection	Panzyga®
Flebogamma	Pegfilgrastim injection

Gamastan S/D	Pegloticase injection
Gamastan S/D	Prolastin®
Gamifant *	Prolia®
Gammagard Liquid	Radicava®
Gammagard S/D	Reblozyl®
Gammaked®	Renflexis®
Gammaplex	Respiratory syncytial virus immune globulin injection
Gamunex C®	Romiplostim injection
Givlaari	Simponi Aria®
Glassia™	Soliris®
Glassia/Aralast NP™	Stelara®
Hizentra	Tocilizumab injection
HyQvia	Trogarzo
Idursulfase injection	Ultomiris® *
Ilaris	Vedolizumab injection
Ilumya™	Vimizim®
Imiglucerase injection	VPRIV®
Immune globulin, powder	Vyepti™
Inflectra®	Xembify®
Infliximab (not biosimilar)	Zemaira®
IVIG injection(Privigen®)	

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:
 - o Complex medical condition, status, or therapy requires services beyond the capabilities of an office or home infusion setting
 - o Documented history of medical instability, significant comorbidity, or concerns regarding fluid status inhibits treatment at a less-intensive site of care
 - o Clinically significant physical or cognitive impairment that precludes safe and effective treatment in an outpatient or home infusion setting
 - o Difficulty establishing and maintaining reliable vascular access

References

American Academy of Allergy, Asthma & Immunology. IVIG Toolkit. <https://www.aaaai.org/practice-resources/practice-tools/ivig-toolkit> 2020. Accessed on January 28, 2020.

National Home Infusion Association. Infusion FAQ. <https://www.nhia.org/faqs.cfm>. 2020. Accessed on January 28, 2020.

Ducharme, J, Pelletier C, & Zacharis, R. The safety of infliximab infusions in the community setting. 2010 <https://www.ncbi.nlm.nih.gov/pubmed/20485705>. Accessed on January 28, 2020.

Polinsky et al. Home infusion: Safe, clinically effective, patient preferred, and cost saving. 2017 <https://www.ncbi.nlm.nih.gov/pubmed/28668202>. Accessed on January 28, 2020 Policy updates

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®