

Provider Administered Drugs – Site of Care (for Louisiana Only)

Policy Number: ~~CSLA2025D00121~~ECSLA2025D00121F

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 [Instructions for Use](#)

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Application

This Medical Benefit Drug Policy only applies to the state of Louisiana for the following medications:

- Actemra® (tocilizumab)
- Alyglo™ (Immune Globulin intravenous, human-stwk)
- Amondys 45™ (casimersen)
- Asceniv™ (IV)
- Avsola™ (infliximab-axxq)
- ~~Avtozma® (tocilizumab-anoh)~~
- Bivigam® (IV)
- Carimune® NF (IV)
- Cosentyx® (secukinumab)
- Cutaquig® (SC)
- Cuvitru® (SC)
- Entyvio® (vedolizumab)
- Exondys 51® (etepirsen)
- Flebogamma® DIF (IV)
- Gammagard® Liquid (IV, SC)
- Gammagard® S/D (IV)
- Gammaked™ (IV, SC)
- Gammaplex® (IV)
- Gamunex®-C (IV, SC)
- Hizentra® (SC)
- HyQvia® (SC)
- Ilumya™ (tildrakizumab-asmn)
- Inflectra® (infliximab-dyyb)
- Octagam® (IV)
- Orencia® (abatacept)
- Panzyga® (IV)
- Privigen® (IV)
- Remicade® (infliximab)
- Renflexis® (infliximab-abda)
- Simponi Aria® (golimumab)
- Tofidence™ (tocilizumab-bavi)
- Tremfya® (guselkumab)
- Tyenne® (tocilizumab-aazg)
- Viltespo™ (viltolarsen)
- Vyondys 53™ (golodirsen)
- ~~Xembify® (SC)~~
- ~~Yimmugo® (IV)~~

Coverage Rationale

This policy addresses the criteria for consideration of allowing hospital outpatient facility medication infusion services and intravenous [Immune Globulin](#) (IVIG) and subcutaneous Immune Globulin (SCIG) therapy. This includes claim submission for hospital based services with the following CMS/AMA Place of Service codes:

- 19 Off Campus-Outpatient Hospital
- 22 On Campus-Outpatient Hospital

Alternative [Sites of Care](#), such as non-hospital outpatient infusion, physician office, ambulatory infusion, or home infusion services are well accepted places of service for medication infusion therapy. If an individual does not meet criteria for outpatient hospital facility infusion, alternative Sites of Care may be used.

Submission of medical records documenting that outpatient hospital facility-based administration is medically necessary for individuals who meet at least one of the following criteria:

- The patient is medically unstable and is at risk of requiring medical services and equipment available only in an outpatient hospital setting (e.g., endotracheal tube, chest tube insertion equipment, cricothyroidotomy set, mechanical ventilator) during administration of the requested drug based on **one** of the following:
 - o History of cardiopulmonary conditions that cause an increased risk of severe adverse reactions during or immediately following infusion; **or**
 - o An inability to tolerate fluid volume load (for intravenous infusions only) despite using the minimum amount of fluid required for infusion (e.g., unstable renal function)
- or**
- Treatment at an alternative Site of Care presents a health risk due to a clinically significant physical or cognitive impairment; **or**
- Severe patent vascular access issues (for intravenous infusions only) that require specialized equipment only available in an outpatient hospital setting (e.g., ultrasound guidance) and member is not a viable candidate for long-term vascular access devices such as picc line or port-a-cath; **or**
- Previous episode(s) of severe or potentially life-threatening adverse events (e.g., anaphylaxis, seizure, thromboembolism, myocardial infarction, renal failure), not including the first or second infusion, that have occurred while receiving requested therapy that was unresponsive to acetaminophen, steroids, diphenhydramine, fluids, infusion rate reductions, or other pre-medications, thereby increasing risk to the individual while administering at alternative Sites of Care; **or**
- Initial infusion or re-initiation of previous therapy after more than 6 months (excludes drugs dosed at an interval of 6 months or greater) for a short duration of time (e.g., 4 weeks); **or**
- **For IVIG or SCIG only:** Individual has immunoglobulin A (IgA) deficiency with anti-IgA antibodies; **or**
- **All** of the following:
 - o Homecare or home infusion provider has deemed that the individual or home environment is not suitable for home infusion therapy; **and**
 - o The prescriber is unable to administer in the office setting; **and**
 - o There are no ambulatory infusion suite options available for this member

Ongoing outpatient hospital facility-based infusion duration of therapy will be no more than 6 months, to allow for reassessment of the individual's ability to receive therapy at an alternative Site of Care.

Note: If more than one of the above criteria are met, then the greatest of the applicable approval time periods will be allowed.

This policy applies to these specialty medications that require healthcare provider administration:

- | | | |
|---|--------------------------------|---------------------------------|
| • Actemra® (tocilizumab) | • Exondys 51® (eteplirsen) | • Panzyga® (IV) |
| • Alyglo™ (Immune Globulin intravenous, human-stwk) | • Flebogamma® DIF (IV) | • Privigen® (IV) |
| • Amondys 45™ (casimersen) | • Gammagard® Liquid (IV, SC) | • Remicade® (infliximab) |
| • Asceniv™ (IV) | • Gammagard® S/D (IV) | • Renflexis® (infliximab-abda) |
| • Avsola™ (infliximab-axxq) | • Gammaked™ (IV, SC) | • Simponi Aria® (golimumab) |
| • <u>Avtozma® (tocilizumab-anoh)</u> | • Gammaplex® (IV) | • Tofidence™ (tocilizumab-bavi) |
| • Bivigam® (IV) | • Gamunex®-C (IV, SC) | • Tremfya® (guselkumab) |
| • Carimune® NF (IV) | • Hizentra® (SC) | • Tyenne® (tocilizumab-aazg) |
| • Cosentyx® (secukinumab) | • HyQvia® (SC) | • Viltespo™ (viltolarsen) |
| • Cutaquig® (SC) | • Ilumya® (tildrakizumab-asmn) | • Vyondys 53™ (golodirsen) |
| • Cuvitru® (SC) | • Inflectra® (infliximab-dyyb) | • <u>Xembify® (SC)</u> |
| • Entyvio® (vedolizumab) | • Octagam® (IV) | • <u>Yimmugo® (IV)</u> |
| | • Orencia® (abatacept) | |

Definitions

Site of Care: Choice for physical location of infusion administration. Sites of Care include hospital inpatient, hospital outpatient, physician office, ambulatory infusion suite, or home-based setting.

Immune Globulin: Immune Globulins are components of the immune system. There are several types of Immune Globulin produced by the body (e.g., IgA, IgD, IgE, IgG, IgM). This medical benefit drug policy addresses therapeutic use of Immune Globulin G (IgG) an antibody normally produced by B lymphocytes. References to Immune Globulin within this medical benefit drug policy refer to IgG. IgG products have been referred to in multiple ways, some of which are: Immune Globulin (IG), immunoglobulin, gamma globulin, and by its route of administration – intravenous Immune Globulin (IVIG), Immune Globulin intravenous (IGIV), subcutaneous Immune Globulin (SCIG), Immune Globulin subcutaneous (IGSC).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
90283	Immune globulin (IgIV), human, for intravenous use
90284	Immune globulin SCIG), human, for use in subcutaneous infusions, 100 mg, each

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HCPSC Code	Description
J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1426	Injection, casimersen, 10 mg
J1427	Injection, viltolarsen, 10 mg
J1428	Injection, eteplirsen, 10 mg
J1429	Injection, golodirsen, 10 mg
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
J1551	Injection, immune globulin (Cutaquig), 100 mg
J1552	Injection, immune globulin (Alyglo), 500 mg
J1554	Injection, immune globulin (Asceniv), 500 mg
J1555	Injection, immune globulin (Cuvitru), 100mg
J1556	Injection, immune globulin (Bivigam), 500 mg
J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1558	Injection, immune globulin (Xembify), 100 mg
J1559	Injection, immune globulin (Hizentra), 100 mg
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), intravenous, nonlyophilized (e.g., liquid), 500 mg
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg
J1569	Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg
J1572	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, nonlyophilized (e.g., liquid), 500 mg
J1575	Injection, immune globulin/hyaluronidase, (Hyqvia), 100 mg immunoglobulin
J1576	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg

HCP/CS Code	Description
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg
J1602	Injection, golimumab, 1 mg, for intravenous use
J1628	Injection, guselkumab, 1 mg
J1745	Injection, infliximab, excludes biosimilar, 10 mg
J3245	Injection, tildrakizumab, 1 mg
J3247	Injection, secukinumab, IV, 1 mg
J3262	Injection, tocilizumab, 1 mg
J3380	Injection, vedolizumab, intravenous, 1 mg
J3590	Unclassified biologics
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg
<u>Q5156</u>	<u>Injection, tocilizumab-anoh (Avtozma), biosimilar, 1 mg</u>

Description of Services

According to the American Academy of Allergy Asthma and Immunology (AAAAI), Immunoglobulin G (IgG) is a type of antibody in blood plasma. Individuals who suffer from immunodeficiency diseases involving low IgG levels and/or function may, under certain circumstances, benefit from immunoglobulin replacement therapy, also known as IVIg or SCIG. The IgG can be administered each month intravenously or under the skin (subcutaneous, SCIG) once a week or bi-weekly. Both methods are effective at replacing IgG with levels essential to fight infections. Each technique has pros and cons that should be discussed with an allergist/immunologist. IgG replacement therapy is commonly well tolerated, though side effects such as allergic reactions and headaches can occur (AAAAI., 2022).

As hospital settings can relate to a risk of introducing individuals with infectious conditions, the benefits of outpatient and home therapy should serve as an incentive to reexamine an individual and their appropriateness for a specific Site of Care (AAAAI., 2011).

Clinical Evidence

Home infusion as a place of service is well established and accepted by physicians. A 2010 home infusion provider survey by the National Home Infusion Association reported providing 1.24 million therapies to approximately 829,000 patients, including 129,071 infusion therapies of specialty medications.

Infliximab has been shown to be safely infused in the community setting. A chart review of 3,161 patients who received a combined 20,976 infusions in community clinics was conducted to evaluate safety across all types of patients. Infliximab infusions are safe in the community setting. Severe ADRs were rare. A total of 524 (2.5% of all infusions) acute ADRs in 353 patients (11.2%) were recorded. Most reactions (i.e., ADRs) were mild [n = 263 (50.2%, 1.3% of all infusions)] or moderate [n = 233 (44.5%, 1.1% of all infusions)]. Twenty-eight reactions (5.3%, 0.1% of all infusions) were severe. Emergency medical services were called to transport patients to hospital for seven of the severe reactions, of which none required admission. As per pre-established medical directives adrenaline was administered three times. The authors concluded that infliximab infusions are safe in the community setting. Severe ADRs were rare. None required active physician intervention; nurses were able to treat all reactions by following standardized medical directives. Ten children were enrolled in the home infusion program if they were compliant with hospital-based infliximab infusions and other medications, had no adverse events during hospital-based infliximab infusions, were in remission and had access to experienced pediatric homecare nursing. The children received 59 home infusions with a dose range of 7.5 to 10 mg/kg/dose. Home infusions ranged from 2 to 5 hours. Since infusions could be performed any day of the week, school absenteeism was decreased. The average patient satisfaction rating for home infusions was 9 on a scale from 1 to 10 (10 = most satisfied). Three patients experienced difficulty with IV access requiring multiple attempts, but all were able to receive their infusions. One infusion was stopped because of arm pain above the IV site. This patient had his next infusion

in the hospital before returning to the home infusion program. No severe adverse events (palpitations, blood pressure instability, hyperemia, respiratory symptoms) occurred during home infusions. In the carefully selected patients, infliximab infusions administered at home were safe and are cost-effective. Patients and families preferred home infusions since time missed from school and work was reduced.

In a retrospective data analysis of over one thousand patients (n = 1,076) with primary immunodeficiency diseases (PID), Wasserman et al. (2017), examined the infection rates for patients who received IVIG at home or in a hospital outpatient infusion center (HOIC). Patients were eligible for analysis if they had at least 1 inpatient or emergency room claim or at least 2 outpatient claims with a PID diagnosis from January 2002 and March 2013, 12 months of continuous health plan enrollment prior to index date (i.e., first IVIG infusion date), and 6 months of continuous IVIG at the same site of care after the index date. Incidences of pneumonia (bacterial or viral) and bronchitis (all types) within 7 days of IVIG infusion were retrospectively determined and compared between sites of care. Of the patients included in the analysis, 51% received IVIG in the home whereas 49% received it at an HOIC. The event/patient year of pneumonia was significantly lower in patients receiving IVIG at home compared to an outpatient hospital (0.102 vs. 0.216, p = 0.0071). The event/patient year of bronchitis was also significantly lower among patients infusing at home compared to an outpatient hospital (0.150 vs. 0.288, p < 0.0001). The authors concluded that patients with PID receiving IVIG in the home experienced significantly lower rates of pneumonia and bronchitis than those who received outpatient hospital based IVIG treatment. The lower infection rates in the home setting suggest that infection risk may be an important factor in site of care selection. The study is further limited by its observational nature.

The Immune Deficiency Foundation surveyed 1,030 patients on where they were treated with immune globulin. Twenty-six percent usually received infusions at a hospital outpatient department (21%) or at a hospital clinic (5%). Other sites reported included a doctor's private office (9%) or an infusion suite (16%). The most common site was in the home (42%), most administered by a nursing professional (2008).

Clinical Practice Guidelines

American Academy of Allergy Asthma and Immunology

The American Academy of Allergy Asthma and Immunology has published guidelines for the suitability of patients to receive treatment in various care setting including clinical characteristics of patients needing a high level of care in the hospital outpatient facility which includes patient characteristics: previous serious infusion reaction such as anaphylaxis, seizure, myocardial infarction, or renal failure, immune globulin therapy naïve, continual experience of moderate or serious infusion related adverse reactions, physical or cognitive impairment.

AAAAI treatment guidelines provide several site of care options for administering immune globulin, with the appropriate option being based on the patient's clinical condition:

- Hospital inpatient physician/nurse supervised infusion
- Hospital outpatient physician/nurse supervised infusion
- Physician office-based physician/nurse supervised infusion
- Home based infusion with nurse supervision
- Home based infusion without nurse supervision

The guidelines provide guidance on specific situations that may require a higher level of supervision, such as initial infusion of IVIG, changes in IVIG products, and specific clinical situations (AAAAI, 2011).

AAAAI Guidelines for IGIV site of administration:

- All initial infusions of IGIV should be administered under physician supervision in a facility equipped to manage the most severe acute medical complications
- Changes in IGIV products should be provided under physician supervision in a facility prepared to manage the most severe acute medical complications
- Certain individuals continue to need higher levels of supervision and intervention throughout IGIV infusions
- Individuals who have tolerated IGIV therapy without a history of adverse events may be considered for lower levels of supervision during infusions
- Given the options for providing IGIV therapy, specific patient experiences command or exclude specific sites of care (AAAAI, 2011)

References

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Policy History/Revision Information

Date	Coverage Rationale
<u>01/01/2026</u>	<u>Added the following medications to the policy:</u> • <u>Avtozma® (tocilizumab-anoh)</u> • <u>Yimmugo® (IV)</u>

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Archived Policy Versions

Effective Date	Policy Number	Policy Title
01/01/2025 – 04/30/2025	CSLA2025D00121D	Provider Administered Drugs – Site of Care (for Louisiana Only)
09/01/2024 – 12/31/2024	CSLA2024D00121C	Provider Administered Drugs – Site of Care (for Louisiana Only)
04/01/2024 – 08/31/2024	CSLA2024D00121B	Provider Administered Drugs – Site of Care (for Louisiana Only)
11/01/2023 – 03/31/2024	CSLA2023D00121A	Provider Administered Drugs – Site of Care (for Louisiana Only)
07/01/2023 – 10/31/2023	CS155LA.I	Provider Administered Drugs – Site of Care (for Louisiana Only)
05/01/2023 – 06/30/2023	CS155LA.H	Provider Administered Drugs – Site of Care (for Louisiana Only)
03/01/2023 – 04/30/2023	CS155LA.G	Provider Administered Drugs – Site of Care (for Louisiana Only)
07/01/2020 – 02/28/2023	CS155LA.F	Provider Administered Drugs – Site of Care (for Louisiana Only)
12/16/2019 – 06/30/2020	CS155.E	Provider Administered Drugs – Site of Care
07/01/2019 – 12/15/2019	CS155.D	Provider Administered Drugs – Site of Care
04/01/2019 – 06/30/2019	CS155.C	Provider Administered Drugs – Site of Care Review Guidelines
01/01/2019 – 03/31/2019	CS155.B	Specialty Medication Administration – Site of Care Review Guidelines
10/15/2018 – 12/31/2018	CS155.A	Specialty Medication Administration – Site of Care Review Guidelines (for Arizona, Maryland and Ohio Only)