

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® *	<u>HyQvia</u>
Alemtuzumab injection	Keytruda®
Avsola™	Lanreotide injection
Benlysta	Leuprolide acetate
Bivigam	Mepolizumab injection
Carimune NF®	Naglazyme
Cinqair®	Mepolizumab injection
Crysvita® *	Ocrelizumab injection
Cutaquig®	Octagam® injection
Cuvitru®	Octreotide injection, depot
Ellelyso®	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	Tecentriq®

Trogarzo®	Tocilizumab injection
QviaHy	<u>Uplinza®</u>
Idursulfase injection	Ultomiris® *
Ilaris	Vedolizumab injection
Ilumya™	Vimizim®
Imiglucerase injection	VPRIV®
Immune globulin, powder	Vyepti™
Inflectra®	Xembify®
Infliximab (not biosimilar)	Zemaira®
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

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

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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.

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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>