



Site of Care Medical Pharmacy

CCPD ID: CCP.8004.03

Recent review date: 2/2020

Next review date: 2/2022

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

Coverage policy

AmeriHealth Caritas 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, which are subject to prior authorization regardless of the setting in which they are administered, can be safely administered in the home, an in-network infusion center, or an in-network provider office:

- Alemtuzumab injection
- Filgrastim g-csf biosimilar injection
- Idursulfase injection
- Imiglucerase injection
- Immune globulin, powder
- Infliximab (not biosimilar)
- IVIG injection(Privigen®)
- Lanreotide injection
- Leuprolide acetate
- Leuprolide acetate for depot suspension
- Mepolizumab injection
- Natalizumab injection
- Ocrelizumab injection
- Octagam® injection
- Octreotide injection, depot
- Omalizumab injection
- Pegfilgrastim injection
- Pegloticase injection

CCP.8004.03

- Respiratory syncytial virus immune globulin injection
- Romiplostim injection
- Tocilizumab injection
- Vedolizumab injection

Reimbursement for administration of these drugs at an outpatient hospital facility instead of the home, an in-network infusion center or an in-network office, is available only if one of the following criteria is 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 outside of the outpatient hospital facility setting as a result of one of the following:
 - Complex medical condition, status, or therapy requires services beyond the capabilities of an office, infusion center, 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 outside of the outpatient hospital facility setting
 - 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.

Centers for Medicare & Medicaid Services. Medicare claims processing manual. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf>. 2019a. Accessed on January 28, 2020.

Centers for Medicare & Medicaid Services. Home infusion therapy services. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Home-Infusion-Therapy/Overview>. 2019b. 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: 6/2020