Site of Care Medical Pharmacy

CCPD ID: CCP.8004

Recent review date: 5/2026

Next review date: 9/2027

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

Coverage policy

AmeriHealth Caritas 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 for outpatient hospital administration when they can be safely administered in the home, an in-network infusion center, or an in-network office. Site of care authorization is a distinct requirement in addition to any clinical prior authorization criteria that may apply to these drugs.

Actemra® *	Leuprolide acetate^
Alemtuzumab injection	Mepolizumab injection
Aukelso/Bosaya (denosumab-kyqq)	Naglazyme
Avsola (infliximab-axxq)	Natalizumab injection
Avsola™	Nivestym (filgrastim-aafi)
Avtozma (tocilizumab-anoh)	Nypozi (filgrastim-txid)
Benlysta	Nyvepria (pegfilgrastim-apgf)
Bildyos/Bilprevda (denosumab-nxxp)	Ocrelizumab injection
Bivigam	Octagam® injection
Bkemv (Eculizumab-aeeb)	Octreotide injection, depot
Bomyntra/Conexxence (denosumab-bnht)	Omalizumab injection
Carimune NF®	Onpattro®
Cinqair®	Orencia®
Crysvita® *	Osenvelt/Stoboclo (denosumab-bmwo)
Cutaquig®	Ospomyv/Xbryk (denosumab-dssb)
Cuvitru®	Otulfi (ustekinumab-aauz)
Elelyso®	Panzyga®
Enoby/Xtrenbo (Denosumab-qbde)	Pegfilgrastim injection
Epysqli (eculizumab-aagh)	Pegloticase injection

Evenity	Prolastin®
Fabrazyme®	Prolia®
Filgrastim g-csf biosimilar injection	Pyzchiva (ustekinumab-ttwe)
Flebogamma	Qivigy (immune globulin IV human-kthm)
Fulphila (pegfilstrastin-jmdb)	Radicava®
Fylnetra (pegfilgrastim-pbbk)	Reblozyl®
Gamastan S/D	Releuko (filgrastim-ayow)
Gamastan S/D	Renflexis (infliximab-abda)
Gamifant *	Renflexis®
Gammagard Liquid	Romiplostim injection
Gammagard S/D; Gammagard ERC	Selarsdi (ustekinumab-aekn)
Gammaked®	Simponi Aria®
Gammaplex	Soliris®
Gamunex C®	Starjemza (ustekinumab-hmny)
Givlaari	Stelara®
Glassia/Aralast NP™	Stimufend (pegfilgrastim-fpgk)
Glassia™	Tecentriq®
Hizentra	Tocilizumab injection
HyQvia	Tofidence (tocilizumab-bavi)
Idursulfase injection	Trogarzo^
Ilaris	Tyenne (tocilizumab-aazg)
Ilumya™	Tyruko (natalizumab-sztn)
Imiglucerase injection	Udenyca (pegfilgrastim-cbqv)
Immune globulin, powder	Ultomiris®*
Imuldosa (ustekinumab-srlf)	Uplizna®
Inflectra (Infliximab-dyyb)	Vedolizumab injection
Inflectra®	Vimizim®
Infliximab (not biosimilar)	VPRIV®
IVIG injection(Privigen®)	Vyepti™
Ixifi™	Wezlana (ustekinumab-auub)
Jubbonti/wyost (denosumab-bbdz)	Xembify®
Keytruda®	Yesintek (ustekinumab-kfce)
Lanreotide injection	Zarxio (filgrastim-sndz)
Leuprolide acetate for depot suspension	Zemaira®
	Ziextenzo (pegfilgrastim-bmez)

Notes: *Specific medications used in pediatric population (< 21) are excluded from this policy requirement.
^ These medications are not included for AmeriHealth Caritas Louisiana per LDH requirements.

Newly approved generic, biosimilar, or 505(b)(2) drugs for those already listed above will automatically be included in this policy.

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 anaphylaxis or 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.
- For IVIG or SCIG only: Member has immunoglobulin A (IgA) deficiency with anti-IgA antibodies -OR-
    - All of the following:
        - Homecare or home infusion provider has deemed that the member's home environment is not suitable for home infusion therapy; and
        - The prescriber is unable to administer in the office setting; and
        - There are no ambulatory infusion suite options available for this member

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®; Crysvita®; 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.
3/2025	The following was added: Uplinza®.
5/2026	Added language to clarify that a SOC authorization is distinct from a clinical authorization. Added FDA approved biosimilars for drugs already in the policy. Add anaphylaxis as a SOC exemption criteria. Added Code list and Code Description Added statement that newly approved biosimilars are automatically included in this policy Removed RSV IG and Ixifi – no longer on the market Add new products: Adcetris, Briumvi, Gammagard ERC, Kadcyla, Kanjinti, Libtayo, Mvasi, Neulasta (code change), Ocrevus Zunovo, Opdualag, Perjeta, Qivigy, Soliris, Tepezza, Trazimera, Truxima, Vyvgart, Zirabev

Related Codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy CCP.8004. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

Code	Code Description
J3262	Actemra
J9354	Ado-trastuzumab emtansine
C9399	Aukelso/Bosaya (denosumab-kyqq)
Q5121	Avsola
Q5121	Avsola (infliximab-axxq)
Q5156	Avtozma (tocilizumab-anoh)
Q5156	Avtozma (tocilizumab-anoh)
J0490	Benlysta
Q5107	Bevacizumab-awwb
Q5118	Bevacizumab-bvcr (Zirabev)
C9399	Bildyos/Bilprevda (denosumab-nxxp)
J1556	Bivigam
Q5139	Bkemv (Eculizumab-aeeb)
Q5158	Bomyntra/Conexxence (denosumab-bnht)
J9042	Brentuximab vedotin
90283	Carimune NF
J9119	Cemiplimab-rwlc
J2786	Cinqair
J0584	Crysvita
90284	Cutaquig

Code	Code Description
J1555	Cuvitru
J1299	Eculizumab 2mg
J9332	Efgartigimod alfa-fcab
j3060	Elelyso
C9399	Enoby/Xtrenbo (Denosumab-qbde)
Q5151	Epysqli (eculizumab-aagh)
J3111	Evenity
J0180	Fabrazyme
J1572	Flebogamma
Q5108	Fulphila (pegfilstrastin-jmdb)
Q5130	Fylnetra (pegfilgrastim-pbbk)
J1460	Gamastan S/D
J1560	Gamastan S/D
J9210	Gamifant
J1569	Gammagard Liquid; Gammagard ERC
J1560, J1566, J1460	Gammagard S/D
J1561	Gammaked
J1557	Gammaplex
J1561	Gamunex C
J0223	Givlaari
J0256	Glassia
J0257	Glassia
J0256	Glassia/Aralast NP
J1559	Hizentra
J1575	HyQvia
J1743	Idursulfase injection
J0638	Ilaris
J3245	Ilumya
J1566	Immune globulin, powder
J1786	Imuglucerase injection
Q5098	Imuldosa (ustekinumab-srlf)
Q5103	Inflectra
Q5103	Inflectra (Infliximab-dyyb)
J1745	Infliximab not biosimil 10mg
Q5101	Inj filgrastim gcsf biosimil
J1459	Inj ivig privigen 500 mg
J9354	Injection, ado-trastuzumab emtansine, 1 mg(Kadcyla)
J0202	Injection, alemtuzumab
J9022	Injection, atezolizumab, 10 mg
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg(Mvasi)
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg(Zirabev)
J9042	Injection, brentuximab vedotin, 1 mg(Adcetris)
J9119	Injection, cemiplimab-rwlc, 1 mg(Libtayo)

Code	Code Description
J9332	Injection, efgartigimod alfa-fcab, 2mg(Vyvgart)
J2182	Injection, mepolizumab, 1mg
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg(Opdualag)
J2350	Injection, ocrelizumab, 1 mg
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq (Ocrevus Zunovo)
J2506	Injection, pegfilgrastim 6mg
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg(Neulasta)
J9271	Injection, pembrolizumab, 1 mg
J9306	Injection, pertuzumab, 1 mg(Perjeta)
Q5115	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg(Truxima)
J3241	Injection, teprotumumab-trbw, 10 mg(Tepezza)
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg(Kanjinti)
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg(Trazimera)
J2329	Injection, ublituximab-xiiy, 1mg(Briumvi)
J3380	Injection, vedolizumab
Q5136	Jubbonti/wyost (denosumab-bbdz)
J1930	Lanreotide injection
J1950	Leuprolide acetate /3.75 mg
J9217	Leuprolide acetate suspnsion
J1458	Naglazyme
J2323	Natalizumab injection
Q5110	Nivestym (filgrastim-aafi)
J9298	Nivolumab and relatlimab-rmbw
Q5148	Nypozi (filgrastim-txid)
Q5122	Nyvepria (pegfilgrastim-apgf)
J2351	Ocrelizumab and hyaluronidase-ocsq
J1568	Octagam injection
J2353	Octreotide injection, depot
J2357	Omalizumab injection
J0222	Onpattro
J0129	Orencia
Q5157	Osenvelt/Stoboclo (denosumab-bmwo)
Q5159	Ospomyv/Xbryk (denosumab-dssb)
Q9999	Otulfi (ustekinumab-aauz)
j1599	Panzyga
J2506	Pegfilgrastim, not biosimilar
J2507	Pegloticase injection
J9306	pertuzumab
J0257	Prolastin
J0256	Prolastin
J0897	Prolia
Q9997	Pyzchiva (ustekinumab-ttwe) IV
Q9996	Pyzchiva (ustekinumab-ttwe) subq

Code	Code Description
C9399	Qivigy (immune globulin human-kthm)
J1301	Radicava
J0896	Reblozyl
Q5125	Releuko (filgrastim-ayow)
Q5104	Renflexis
Q5104	Renflexis (infliximab-abda)
J2802	Romiplostim injection
Q9998	Selarsdi (ustekinumab-aekn)
J1602	Simponi Aria
J1299	Soliris
C9399	Starjemza (ustekinumab-hmny)
J3357	Stelara
J3358	Stelara
Q5127	Stimufend (pegfilgrastim-fpgk)
J3241	Teprotumumab-trbw
J3262	Tocilizumab injection
Q5133	Tofidence (tocilizumab-bavi)
	Tofidence (tocilizumab-bavi)
Q5117	Trastuzumab-anns (Kanjinti)
Q5116	Trastuzumab-qyyp (Trazimera)
J1746	Trogarzo
Q5135	Tyenne (tocilizumab-aazg)
Code	Tyenne (tocilizumab-aazg) **Code Description**
Q5134	Tyruko (natalizumab-sztn)
J2329	Ublituximab-xiiy
Q5111	Udenyca
Q5111	Udenyca (pegfilgrastim-cbqv)
J1303	Ultomiris
J1823	Uplizna
J1322	Vimizim
J3385	VPRIV
J3032	Vyepti
Q5138	Wezlana (ustekinumab-auub) IV
Q5137	Wezlana (ustekinumab-auub) subq
J1558	Xembify
Q5100	Yesintek (ustekinumab-kfce)
Q5101	Zarxio (filgrastim-sndz)
J0256	Zemaira
Q5120	Ziextenzo (pegfilgrastim-bmez)