



AmeriHealth Caritas™

District of Columbia

To: AmeriHealth Caritas DC Providers

Date: May 20, 2021

Subject: Lowest Cost Site of Care Medical Pharmacy Policy

Summary: Policy Change: Effective June 20, 2021, AmeriHealth Caritas District of Columbia (DC) has expanded the list of drugs that can be administered in the home, an in-network infusion center, or an in-network office. Reimbursement for administration of these drugs at a hospital-based facility is available only if specific criteria are met. Providers must receive prior authorization for the administration of these drugs.

When services can be administered in various settings, AmeriHealth Caritas DC reserves the right to reimburse only those services that are furnished in the most appropriate and cost-effective setting appropriate to the enrollee's medical needs and condition. This decision is based on the enrollee's current medical condition and any required monitoring or additional services that may coincide with the delivery of this service.

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, and an in-network provider office:

- Actemra®*
- Alemtuzumab injection
- Avsola™
- Benlysta
- Bivigam
- Carimune NF®
- Cinqair®
- Crysvida®*
- Cutaquig®
- Cuvitru®
- Elelyso®
- Evenity
- Fabrazyme®
- Filgrastim g-csf biosimilar injection
- Flebogamma
- Gamastan S/D
- Gamastan S/D
- Gamifant*
- Gammagard Liquid
- Gammagard S/D
- Gammaked®
- Gammaplex
- Gamunex C®
- Givlaari
- Glassia™
- Glassia/Aralast NP™
- Hizentra
- HyQvia
- Idursulfase injection
- Ilaris

- Ilumya™
- Imiglucerase injection
- Immune globulin, powder
- Inflectra®
- Infliximab (not biosimilar)
- IVIG injection
- Ixifi™
- Lanreotide injection
- Leuprolide acetate
- Leuprolide acetate for depot suspension
- Mepolizumab injection
- Naglazyme
- Natalizumab injection
- Ocrelizumab injection
- Octagam® injection
- Octreotide injection, depot
- Omalizumab injection
- Onpattro®
- Orencia®
- Panzyga®
- Pegfilgrastim injection
- Pegloticase injection
- Prolastin®
- Prolia®
- Radicava®
- Reblozyl®
- Renflexis®
- Respiratory syncytial virus immune globulin injection
- Romiplostim injection
- Simponi Aria®
- Soliris®
- Stelara®
- Tocilizumab injection
- Trogarzo
- Ultomiris® *
- Vedolizumab injection
- Vimizim®
- VPRIV®
- Vyepiti™
- Xembify®
- Zemaira®

Note: *Specific medications used in pediatric populations 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 enrollee is medically unstable for the safe and effective administration of 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.

The requirement for drug administration in a particular setting depends on availability.

Questions:

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at 202-408-2237.