



AmeriHealth Caritas™

District of Columbia

To: AmeriHealth Caritas DC Providers

Date: May 5, 2025

Subject: Site of Care Medical Pharmacy

Dear Provider:

AmeriHealth Caritas District of Columbia (DC) provides reimbursement for medical services for Medicaid enrollees only when those services are provided in the most appropriate and cost-effective setting consistent with the enrollee'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:

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|---------------------------------------|---|
| Actemra® * | Keytruda® |
| Alemtuzumab injection | Lanreotide injection |
| Avsola™ | Leuprolide acetate |
| Benlysta | Leuprolide acetate for depot suspension |
| Bivigam | Mepolizumab injection |
| Carimune NF® | Naglazyme |
| Cinqair® | Natalizumab injection |
| Crysvita® * | Ocrelizumab injection |
| Cutaquig® | Octagam® injection |
| Cuvitru® | Octreotide injection, depot |
| Elelyso® | 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® |

**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 enrollee 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 and policy updates are included below. If you have questions about this communication, please contact your AmeriHealth Caritas DC Provider Account Executive or call Provider Services at 202-408-2237.

Sincerely,
AmeriHealth Caritas DC

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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. CCP.8004 3 of 3

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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. <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®.