



**AmeriHealth Caritas**<sup>™</sup>  
District of Columbia

<b>To:</b>	All AmeriHealth Caritas DC Providers
<b>Date:</b>	May 26, 2020
<b>Subject:</b>	Frequently Asked Questions: Lowest Cost Site of Care Medical Pharmacy Policy
<b>Summary:</b>	This notification contains frequently asked questions about the new site of care medical pharmacy policy, which is effective as of May 26, 2020.

### What is the purpose of the policy?

AmeriHealth Caritas District of Columbia (DC) reimburses only those services that are furnished in the most appropriate and cost-effective setting consistent with the member's medical needs and condition.

### Which drugs are affected by this policy?

Procedure code	Description
J1743	Idursulfase injection
J1566	Immune globulin, powder
J1786	Imuglucerase injection
J1745	Infliximab not biosimil 10mg
Q5101	Inj filgrastim gcsf biosimil
J1459	Inj ivig privigen 500 mg
J0202	Injection, alemtuzumab
J2182	Injection, mepolizumab, 1mg
J2350	Injection, ocrelizumab, 1 mg
J2505	Injection, pegfilgrastim 6mg
J3380	Injection, vedolizumab
J1930	Lanreotide injection
J1950	Leuprolide acetate /3.75 mg
J9217	Leuprolide acetate suspnsion
J2323	Natalizumab injection
J1568	Octagam injection
J2353	Octreotide injection, depot
J2357	Omalizumab injection
J2507	Pegloticase injection
90378	Respiratory Syncytial Virus Ig Im 50 Mg E
J2796	Romiplostim injection
J3262	Tocilizumab injection



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### What is required to receive reimbursement for these procedures?

In order to receive reimbursement for administering the drugs listed, prior authorization must be received for medical necessity of the drug and its administration. Reimbursement for administration of these drugs at a hospital-based facility is available only if specific criteria are met.

### For what settings does AmeriHealth Caritas DC reimburse the administration of these drugs?

The drugs in the policy will be reimbursed when administered in the following settings:

- Home
- In-network infusion center
- Provider office

### DC Sites of Care

BriovaRx Infusion Services, Inc (now Optum Specialty Pharmacy)
Home Solutions/East Goshen
Infuscience
Nations Home Infusion LLC (serving Central Maryland, Northern Virginia, and Washington DC)
Briovarx Infusion Services 103 LLC
Optum Women's and Children's Health LLC

### When is administration of these drugs in at an outpatient hospital facility reimbursed?

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 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.

### **When is the policy change effective?**

The policy is effective May 26, 2020.

### **Where can I find the policy to read it in its entirety?**

The policy will be located on the AmeriHealth Caritas website at <http://amerihealthcaritasdc.com/provider/resources/pharmacy-prior-auth-forms.aspx>.