

DRUG DETERMINATION POLICY

Title: DDP-08 Site of Care for Administration of Parenteral Specialty Drugs

Effective Date: 08/24/2022



Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific specialty drugs at an outpatient facility that bills with a facility fee. Drugs included in this policy must also meet medication prior approval criteria for coverage, regardless of the site of care for the service received.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Michigan Medicine Infusion Clinic at Taubman Center is in the site of care network for University of Michigan employees with Michigan Care coverage. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

The site of care policy directs members to the most cost-effective, clinically appropriate location for administration of select parenteral specialty drugs listed in this policy.

3.0 Clinical Determination Guidelines:

Document the following with chart notes:

A. The drugs listed in the table below:

1. Must be administered at a non-facility setting, such as a provider's office, through home infusion services, or at an ambulatory infusion center.
 - a. May be administered at an outpatient facility for the first dose.

B. Exception criteria for approval of hospital outpatient level of care:

1. Prior infusion adverse reactions.
 - a. Previous experience of a severe adverse event following infusion requiring hospitalization (e.g., anaphylaxis, seizure, thromboembolism, renal failure).
 - b. Continuing experience of adverse events that cannot be mitigated by pre-medications.
2. Geographical access [must meet both listed below]

- a. Home infusion provider: unable to access member or has deemed that the member's home environment is not suitable for home infusion therapy AND
 - b. Nearest suitable office-based provider exceeds the travel distance to the currently servicing hospital outpatient center by 20 miles.
3. Member out-of-pocket expense incurred.
- a. Benefit plan design where financial impact to member is greater than an outpatient infusion facility.
4. Groups:
- a. SHS ASO products: groups L0001269, L0000264
 - b. Michigan Care

4.0 Coding:

The policy applies to the codes below:

| HCPCS Code | Brand Name | Generic Name | HCPCS Units (mgs/unit) |
|------------|------------------------------|-------------------|------------------------|
| J0129 | Orencia (lyophilized powder) | abatacept | 10mg |
| J0490 | Benlysta | belimumab | 10mg |
| J0517 | Fasenra | benralizumab-DGNB | 1mg |
| J0897 | Xgeva, Prolia | denosumab | 500mg |
| J1459 | Privigen | immune globulin | 500mg |
| J1460 | GamaSTAN SD | immune globulin | 500mg |
| J1555 | Cuvitru | immune globulin | 500mg |
| J1556 | Bivigam | immune globulin | 500mg |
| J1557 | Gammaplex | immune globulin | 500mg |
| J1559 | Hizentra | immune globulin | 500mg |
| J1560 | GamaSTAN SD, over 10 mL | immune globulin | 500mg |
| J1561 | Gamunex-C, Gammaked | immune globulin | 500mg |
| J1562 | Vivaglobin | immune globulin | 500mg |
| J1566 | Carimune | immune globulin | 500mg |
| J1568 | Octagam | immune globulin | 500mg |
| J2569 | Gammagard | immune globulin | 500mg |
| J1572 | Flebogamma | immune globulin | 500mg |
| J1575 | HyQvia | immune globulin | 500mg |
| J1599 | Immune globulin, NOS | immune globulin | 500mg |
| J1602 | Simponi Aria | golimumab | 1mg |
| J1745 | Remicade | infliximab | 10mg |
| J2182 | Nucala (lyophilized powder) | mepolizumab | 1mg |
| J2350 | Ocrevus | ocrelizumab | 1mg |
| J2357 | Xolair | omalizumab | 5mg |
| J2786 | Cinqair | reslizumab | 1mg |
| J3032 | Vyepti | eptinezumab-JJMR | 1mg |
| J3262 | Actemra | tocilizumab | 1mg |
| J3357 | Stelara | ustekinumab | 1mg |
| J3380 | Entyvio | vedolizumab | 1mg |

| HCPCS Code | Brand Name | Generic Name | HCPCS Units (mgs/unit) |
|------------|------------|--------------|------------------------|
| J3490 | Evkeeza | benralizumab | 1mg |
| Q5103 | Inflectra | infliximab | 10mg |
| Q5104 | Renflexis | infliximab | 10mg |
| 90378 | Synagis | palivizumab | 50mg |

5.0 References, Citations & Resources & Associated Documents:

1. National Infusion Center Association <https://infusioncenter.org/bestpractices/> accessed August 2022.
2. ASHP Guidelines on Home Infusion Pharmacy Services <https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/home-infusion-pharmacy-services.ashx> accessed August 2022.

6.0 Appendices:

None.

7.0 Revision History:

Original Effective Date: 7/1/2019

Next Review Date: 01/27/2023

| Revision Date | Reason for Revision |
|---------------|--|
| 2/19 | Moved to new format; |
| 4/19 | Brought to P & T Workgroup, revisions made by J Wahawisan |
| 12/20 | Annual review, added Ocrevus effective 10/1/2020; clarified Michigan Medicine infusion center as in the SOC network for Michigan care, approved by P&T 2/24/21 |
| 12/21 | Annual review, added Michigan care to exclusions, modified geo access section |
| 6/21 | Early release; added 8 medications |
| 7/22 | Annual review; no changes; added references |