DRUG DETERMINATION POLICY

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

Effective Date: 2/28/24

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. The 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 the financial impact to the member is greater than an outpatient infusion facility.

4. Exceptions by group:

   a. Sparrow members may request to receive infusions at any Sparrow or Michigan Health Corp. facility.

   b. Michigan Heath Corp. members may request to receive infusions at any Sparrow or Michigan Health Corp. facility.

4.0 Coding:

The policy applies to the codes below:

HCPCS Code	Brand Name	Generic Name	Billing Units (1 unit)
90378	Synagis	palivizumab	50 mg
J0129	Orencia (lyophilized powder)	abatacept	10 mg
J0490	Benlysta	belimumab	10 mg
J0517	Fasenra	benralizumab-DGNB	1 mg
J1306	Leqvio	inclisiran	1 mg
J1459	Privigen	immune globulin	500 mg
J1460	GamaSTAN SD	immune globulin	500 mg
J1554	Asceniv	immune globulin	500 mg
J1555	Cuvitru	immune globulin	500 mg
J1556	Bivigam	immune globulin	500 mg
J1557	Gammaplex	immune globulin	500 mg
J1559	Hizentra	immune globulin	500 mg
J1560	GamaSTAN SD, over 10 mL	immune globulin	500 mg
J1561	Gamunex-C, Gammaked	immune globulin	500 mg
J1562	Vivaglobin	immune globulin	500 mg
J1566	Carimune	immune globulin	500 mg
J1568	Octagam	immune globulin	500 mg
J1569 ~~J2569~~	Gammagard	immune globulin	500 mg
J1572	Flebogamma	immune globulin	500 mg
J1575	HyQvia	immune globulin	500 mg
J1576	Panzyga	immune globulin	100 mg
J1599	Immune globulin, NOS	immune globulin	500 mg
J1602	Simponi Aria	golimumab	1 mg
J1745	Remicade	infliximab	10 mg
J2182	Nucala (lyophilized powder)	mepolizumab	1 mg
J2323	Tysabri	natalizumab	1 mg
J2350	Ocrevus	ocrelizumab	1 mg
J2357	Xolair	omalizumab	5 mg
J2786	Cinqair	reslizumab	1 mg
J3032	Vyepti	eptinezumab-JJMR	1 mg
J3262	Actemra	tocilizumab	1 mg
J3357	Stelara	ustekinumab	1 mg
J3380	Entyvio	vedolizumab	1 mg
J3590	Evkeeza	benralizumab	1 mg
J3590	Briumvi	ublituximab	1 mg
Q5103	Inflectra	infliximab	10 mg
Q5104	Renflexis	infliximab	10 mg

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: 03/01/2025

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
11/22	Off-cycle review
12/22	Annual review: clarified ASO groups included
4/23	Off cycle review, removed J0897 - Xgeva, Prolia from policy; added J3490-Briumvi
10/23	Off-cycle review
12/23	Annual review, Added Gammagard and Panzyga and Asceniv to coding table, corrected Gammagard HCPCS code from J2659 J1659.