

# MEDICAL POLICY

	<b>LINE(S) OF BUSINESS</b> Commercial	<b>NUMBER</b> GH-ADM-003	
	<b>TITLE</b> Site of Care	<b>FORMER NUMBER</b>	
	<b>EFFECTIVE DATE</b> 03/01/2019	<b>REVIEW CYCLE</b> Annual	<b>LAST REVISED</b> 01/01/2020

## 1.0 CRITERIA

GlobalHealth considers hospital outpatient facility medication infusion medically necessary for members that meet ANY of the following:

- 1.1 Member is medically unstable for administration at alternate preferred place of service as documented by ANY of the following:
  - 1.1.1 Physical or cognitive impairments such that home infusion or other preferred place of service, where appropriate, would present an unnecessary health risk
  - 1.1.2 Previously documented severe or potentially life-threatening adverse event during or following infusion of the prescribed drug, and the adverse event cannot be managed through pre-medication in the home or office setting
- 1.2 First dose of medication may be given at physician facility of choice when requirements for first dose administration cannot be met by preferred place of service or member specific factors preventing administration at preferred place of service.
- 1.3 The drug requested is subject to limited distribution and is not available for administration at non-hospital outpatient facilities or for home infusion.
- 1.4 The member does not have access to a home infusion or office-based provider within his/her geographic area.

### NOTE:

Injectable drugs or biologics require prior authorization and are reviewed utilizing pharmacological criteria.

## 2.0 RESOURCES

- 2.1 Polinski J.M., Kowal M.K., Gagnon M., et al. (2017). Home Infusion: Safe, clinically effective, patient preferred, and cost saving. *Healthcare* 5 (1-2): 68-80.
- 2.2 American Academy of Allergy Asthma & Immunology. (2011). Guidelines for the site of care for administration of IGIV therapy. Retrieved from:  
<https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20Resources/Guidelines-for-the-site-of-care-for-administration-of-IGIV-therapy.pdf>

2.3

## 3.0 CPT CODES COVERED IF CRITERIA MET

This is not an all-inclusive list of medications covered under this policy. Medications may be added or removed at any time as determined to be eligible for administration as clinically appropriate.

### Alpha 1 Proteinase Inhibitors

Aralast	J0256
Glassia	J0257
Prolastin-C	J0256
Zemaira	J0256

### Enzyme Replacement Drugs

Aldurazyme (laronidase)	J1931
Cerezyme (Imiglucerase)	J1786
Eleyso (taliglucerase alfa)	J3060
Fabrazyme (agalsidase)	J0180
Lumizyme (alglucosidase alfa)	J0221
Vimizim (elosulfase alfa)	J1322
Vpriv (velaglucerase alfa)	J3385

### Blood Clotting Factors

Afstyla (antihemophilic factor (recombinant) single chain)	J7210
Advate (antihemophilic factor, human (recombinant))	J7192
Alphanate (antihemophilic factor/von Willebrand factor complex (human))	J7186
AlphaNine (coagulation factor IX (human))	J7194
Alprolix (coagulation factor IX (recombinant), Fc fusion protein)	J7201
Bebulin (factor IX complex)	J7194
Benefix (coagulation factor IX(recombinant))	J7195
Coagadex (coagulation factor X (human))	J7175
Corifact (factor XIII concentrate (human))	J7180
Eloctate (antihemophilic factor (recombinant), Fc fusion protein)	J7205
Feiba NH (anti-inhibitor coagulant complex)	J7198
Helixate (antihemophilic factor (recombinant))	J7192
Hemofil M (antihemophilic factor (human))	J7190
Hemlibra (emicizumab)	Q9995
Humate-P (antihemophilic factor/von Willebrand factor complex)	J7187
Idelvion (antihemophilic factor (recombinant))	J7202
Ixinity (coagulation factor IX (recombinant))	J7195
Koate-DVI (antihemophilic factor (human))	J7190
Kogenate FS (antihemophilic factor (recombinant))	J7192
Kovaltry (antihemophilic factor (recombinant))	J7211
Monoclate-P (antihemophilic factor (human))	J7190
Mononine (coagulation factor IX (human))	J7193, J7194
NovoEight (turoctocog alfa)	J7182
NovoSeven RT (coagulation factor VIIa (recombinant))	J7189
Nuwiq (simoctocog alfa)	J7209
Obizur (antihemophilic factor (recombinant), porcine sequence)	J7191
Profilnine (factor IX complex)	J7194
Rebinyn (factor IX (recombinant), glycopegylated)	C9468
Recombinante (antihemophilic factor (recombinant))	J7192

Rixubis (coagulation factor IX (recombinant))	J7200
Tretten (coagulation factor XIIIa- subunit (recombinant))	J7181
Vonvendi (von Willebrand factor (recombinant))	J7179
Wilate (von Willebrand factor/coagulation factor VIII complex (human))	J7183
Xyntha (antihemophilic factor (recombinant))	J7185

#### Immune Globulin

Bivigam	J1556
Carimune NF	
Cuvitru	J1555
Flebogamma	J1572
Gamastan S/D	J1566
Gammagard S/D	J1569
Gammaked	J1561
Gamunex	J1561
Hizentra	J1559
HyQvia	J1460, J1560
Octagam	J1568
Privigen	J1459

#### Rheumatology/Immunology

Actemra IV (tocilizumab)	J3262
Entyvio (vedolizumab)	J3380
Inflectra (infliximab-dyyb)	Q5103
Orencia IV (abatacept)	J0129
Remicade (infliximab)	J1745
Reflexis (infliximab-abda)	Q5104
Simponi Aria (golimumab)	J1602

#### Other

Adynovate	J7207
Benlysta (belimumab)	J0490
Berinert	J0597
Feraheme (ferumoxytol)	Q0318, Q0319
Granix	J1447
Ilumya	
Injectafer (ferric carboxymaltose)	J1439
Lemtrada	J0202
Leukine	J2820
Neupogen	J1442
Ocrevus (ocrelizumab)	J2350
Prolia (denosumab)	J0897
Reclast (zoledronic acid)	J3489
Rituxan (rituximab)	J9310
Ruconest	J0596

Stelara (ustekinumab)	J3358
Tysabri (natalizumab)	J2323
Venofer (iron sucrose)	J1756
Zarxio	Q5101

#### 4.0 POLICY REVIEW AND REVISION HISTORY

Date	Action/Description of Change
January 2020	Clarified language in 1.1.1 and removed infed from list of applicable drugs

#### 5.0 SCOPE

This policy applies to Commercial lines of business within GlobalHealth Holdings, LLC.