

n05751

## Infusion Alternative Site of Care – Commercial/ETF/SF

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### *Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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#### **Abstract Purpose:**

This policy outlines the criteria for specialty medication infusion services specific to our Commercial, State of Wisconsin (ETF), and Self-Funded members, provided in an outpatient hospital setting.

Alternative Sites of Care, such as non-hospital outpatient infusion, physician office, ambulatory infusion, or home infusion services are accepted places of service for medication infusion therapy. If a patient does not meet the criteria for an outpatient hospital setting, Alternative Sites of Care should be used.

#### **Policy Detail:**

- I. Prior Authorization with the submission of medical records is required.
- II. Outpatient hospital facility-based intravenous medication infusion is medically necessary for individuals who meet at least one of the following criteria listed below.
  - A. The patient's medical status or therapy requires enhanced monitoring that cannot be provided in an Alternative Site of Care; **or**
  - B. The patient's documented history of significant comorbidity, acute mental status changes, or fluid overload status that precludes treatment at an Alternative Site of Care; **or**
  - C. Alternative Site of Care settings present a health risk due to a clinically significant physical or cognitive impairment; **or**
  - D. The patient's condition is clinically unstable that immediate access to services in a hospital setting may be required (examples: emergency resuscitation equipment, inpatient admission, or intensive care); **or**
  - E. The patient has a history of cardiac or pulmonary conditions that may increase the risk of severe reactions; **or**
  - F. The patient is less than 18 years of age and a caregiver is not available to assist during administration of the drug or biologic; **or**
  - G. The patient has previously had a severe or potentially life-threatening adverse event with the currently prescribed drug, biologic, or similar medication and the adverse event cannot be managed using premedication in the home (see Table 1)

**Table 1**

Prior Authorization must be obtained through ESI Care Continuum (CCUM) for the drugs listed in this table. If Prior Authorization is not obtained, the drug and related service(s) will be denied with Claim Adjustment Reason Code (CARC) 197

“Precertification/authorization/notification/pre-treatment absent”.

<b>Drug Name</b>	<b>HCPCS</b>	<b>Therapy Class</b>
Actemra IV	J3262	Inflammatory Conditions
Adakveo	J0791	Sickle Cell Disease
Aldurazyme	J1931	Enzyme Deficiency
Alpha 1 Proteinase Inhibitors	Various	Alpha 1 Inhibitors
Apretude	J0739	HIV
Amvuttra	J0225	Familial Amyloid Polyneuropathy
Aveed	J3145	Endocrine Disorders
Avsola	Q5121	Inflammatory Conditions
Benlysta	J0490	Lupus
Berinerit	J0597	Hereditary Angiodema
Briumvi	J2329	Multiple Sclerosis
Cabenuva	J0741	HIV
Cerezyme	J1786	Enzyme Deficiency
Cimzia Lyophilized	J0717	Inflammatory Conditions
Cinqair	J2786	Asthma/Allergy
Crysvita	J0584	Endocrine Disorders
Cytogam	J7504, J0850	Immune Deficiency
Elaprase	J1743	Enzyme Deficiency
Elelyso	J3060	Enzyme Deficiency
Enjaymo	J1302	Hematology
Entyvio	J3380	Inflammatory Conditions
Evenity	J3111	Bone Modifiers
Evkeeza	J1305	Metabolic Disorders
Fabrazyme	J0180	Enzyme Deficiency
Fasenra	J0517	Asthma/Allergy
Fensolvi	J1951	Endocrine Disorders
Givlaari	J0223	Hepatology
Ilaris	J0638	Inflammatory Conditions
Ilumya	J3245	Inflammatory Condition

Immune Globulin Products	Various	Immune Deficiency
Infliximab Products	Various	Inflammatory Conditions
Kanuma	J2804	Enzyme Deficiency
Krystexxa	J2507	Gout
Lemtrada	J0202	Multiple Sclerosis
Leqvio	J1306	Metabolic Disorders
Lumizyme	J0221	Enzyme Deficiency
Mepsevii	J3397	Enzyme Deficiency
Naglazyme	J1458	Enzyme Deficiency
Nexviazyme	J0219	Enzyme Deficiency
Nulibry	NOC	Metabolic Disorders
Ocrevus	J2350	Multiple Sclerosis
Onpattro	J0222	Amyloidosis
Orencia IV	J0129	Inflammatory Conditions
Oxlumo	J0224	Metabolic Disorders
Prolia	J0897	Bone Modifiers
Radicava	J1301	Neurological Conditions
Revcovi	NOC	Enzyme Deficiency
Sandostatin LAR	J2353	Endocrine Disorder
Saphnelo	J0491	Lupus
Signifor LAR	J2502	Endocrine Disorder
Simponi Aria	J1602	Inflammatory Conditions
Skyrizi IV	J2327	Inflammatory Conditions
Soliris	J1300	Complement Inhibitors
Somatuline Depot	J1930	Endocrine Disorder
Sunlenca	J1961	HIV
Tegsedi	NOC	Amyloidosis
Tepezza	J3241	Ophthalmic Conditions
Tezspire	J2356	Asthma/Allergy
Trogarzo	J1746	HIV
Tysabri	J2323	Multiple Sclerosis
Ultomiris	J1303	Complement Inhibitors
Uplizna	J1823	Miscellaneous Conditions
Vimizim	J1322	Enzyme Deficiency
VPRIV	J3385	Enzyme Deficiency
Vyepti	J3032	Migraine Headaches

Vyvgart	J9332	Myasthenia Gravis
Xenpozyme	NOC	Enzyme Deficiency
Xolair	J2357	Asthma/Allergy

**Definitions:**

**Alternative Sites of Care:** Non-hospital outpatient infusion, physician office, ambulatory infusion or home infusion service.

**Related Documents:**

Pharmacy Information

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