

## Site-of-care criteria for provider-administered medications

This document outlines medical necessity review criteria for provider-administered specialty infusions.

Medical necessity criteria and exceptions:

- Provider-administered medications must meet prior authorization criteria for coverage. When drug-specific coverage criteria are met, this policy is then used to determine the necessity of the site of care. Please refer to drug-specific policies for clinical criteria.
- All drugs covered under the Site of Care policy may require administration at a designated location referred to as a “preferred site of care.” Other sites of care, referred to as “nonpreferred,” are considered medically unnecessary, as they significantly increase the cost of care versus available alternatives.
- A “nonpreferred” site of care can be considered medically necessary when any of following criteria are met:
  - Initiation of a brand-new infusion medication (for the first 60 days). Subsequent doses will be subject to preferred sites of care, unless additional documentation supporting medical exception is provided.
  - Documentation of a previous adverse event that cannot be appropriately managed with the use of premedications and requires a higher level of care.
  - Documented history of comorbidity or instability that precludes treatment at a less intensive site of care.
  - A preferred site of care is not accessible to the member, and the member’s home is not suitable for home infusion.

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## Affected medications

HCPCS	Medication
J0219	Nexviazyme (avalglucosidase alfa)
J0221	Lumizyme (alglucosidase alfa)
J1931	Aldurazyme (laronidase)
J2350	Ocrevus (ocrelizumab)
J1303	Ultomiris (ravulizumab)
J1300	Soliris (eculizumab)
J3241	Tepezza (teprotumumab)
J2323	Tysabri (natalizumab)
J0180	Fabrazyme (agalsidase beta)
J2507	Krystexxa (pegloticase)
J0218	Xenpozyme (olipudase alfa)
J0223	Givlaari (givosiran)
J0225	Amvuttra (vutrisiran)
J0584	Crysvita (burosumab)
J1823	Uplizna (inebilizumab)
J0224	Oxlumo (lumasiran)
J2329	Briumvi (ublituximab)
J0202	Lemtrada (alemtuzumab)
J1786	Cerezyme (imiglucerase)
J0129	Orencia (abatacept)
J0791	Adakveo (crizanlizumab)
J1458	Naglazyme (galsulfase)
J2508	Elfabrio (pegunigalsidase alfa)
J3380	Entyvio (vedolizumab)

## Questions?

Please reach out to the PacificSource Pharmacy Help Desk at **844-877-4803**, TTY: 711. We accept all relay calls. You can also email [Pharmacy@PacificSource.com](mailto:Pharmacy@PacificSource.com).