

Site of Care Policy

Date of Origin: 10/1/2017

I. Background

The Site of Care program, effective October 1, 2017, directs members to the most cost-effective, yet clinically appropriate location to receive their infusion(s) of select specialty medications as listed in section IV.

II. Scope

A. Applicable to Oregon Fully-insured Commercial, Medicaid, and Exchange members

1. New utilizers of these medications on or after October 1, 2017 will be subject to the program requirements.
2. Members currently using these medications will be subject to the program requirements upon prior authorization renewal on or after October 1, 2017.

III. Program Requirements

A. The Site of Care program requirements will be administered as part of the existing prior authorization program.

- To begin requesting prior authorizations through the Magellan Rx self-service portal, visit ih.magellanrx.com/ and select “New Access Request-Provider” on the right side of the home page.

B. All drugs in the Site of Care program require prior authorization.

C. Requests for select specialty drugs as listed in section IV to be administered in a hospital outpatient setting will be directed to a preferred alternative site of care, such as a home infusion provider or a physician office. Infusions for these medications are excluded from payment when administered in a hospital outpatient infusion center.

D. Coram is the preferred home infusion provider in most cases. However, Oregon Health & Science (OHSU) prescribers may refer patients to OHSU Home Infusion Services.

E. To prevent a delay in care and allow adequate transition time for Moda members to an alternate infusion site, Site of Care program requirements will be waived for the first sixty (60) days only after prior authorization approval so that members can transition to a different infusion site.

IV. Drugs in Scope

A. Select infused specialty medications included in the Site of Care program are subject to change.

B. Changes to the Drugs in Scope

1. If currently available infused specialty medications are added to the Site of Care program medication list, prescribers will receive advanced notification per the terms of the provider contract with Moda.
2. Newly available infused specialty medications may be added to the Site of Care program medication list upon FDA-approval.

Brand name	Generic name	HCPCS code
Actemra	tocilizumab	J3262
Aldurazyme	iduronidase	J1931
Benlysta	belimumab	J0490
Berinert	C1-inhibitor	J0597
Bivigam	immune globulin	J1556
Cerezyme	imiglucerase	J1786
Cinryze	C1-inhibitor	J0598
Elaprase	idursulfase	J1743
Elelyso	taliglucerase alfa	J3060
Entyvio	vedolizumab	J3380
Fabrazyme	agalsidase beta	J0180
Flebogamma	immune globulin	J1572
Gammagard	immune globulin	J1569
Gammagard S/D	immune globulin	J1566
Gammaplex	immune globulin	J1557
Gamunex	immune globulin	J1561
Immune globulin	immune globulin	J1599
Inflectra	infliximab-dyyb	Q5102-ZB
Lumizyme	alglucosidase alfa	J0221

Naglazyme	galsulfase	J1458
Octagam	immune globulin	J1568
Orencia	abatacept	J0129
Privigen	immune globulin	J1459
Remicade	infliximab	J1745
Renflexis	infliximab-abda	Q5102-ZC
Simponi Aria	golimumab	J1602
Soliris	eculizumab	J1300
VPRIV	velaglucerase alfa	J3385

V. Exceptions

- A. Exceptions to the Site of Care program requirements are reviewed through the prior authorization process and may be granted on a case-by-case basis based on medical necessity.