

## Providence Approved Site of Care List

Providence Health Plan (PHP) requires a prior authorization for site of care for certain infusion medications provided in an unapproved outpatient hospital infusion setting. This site of care prior authorization is in addition to the prior authorization for the medication, if required. Refer to individual drug specific policies for clinical criteria. Please be aware that approval for Site of Care is based on medical necessity for infusion services. It is not a determination of network benefits. Any applicable out of pocket expense for the member is determined by the design of the members Plan benefits.

Link to the [Site of Care Drug List](#)

Link to the [Approved Sites of Care List](#)

**A prior authorization for site of care will not be required when these medications are administered in an approved site of care. Approved sites of care include:**

- Home Infusion
- Ambulatory Infusion Centers
- Physician Offices and Clinics
- Certain approved outpatient hospital facilities

**Who is excluded from the Infusion Therapy Site of Care policy?**

- Providence Medicare and Medicaid members
- Certain Commercial Plan members (ALL Providence Saint Joseph Health employer groups)
- Members 12 years of age and under

## Site of Care Drug List

Infusion medications included in this Infusion Therapy Site of Care policy are as follows:

**Note:** Additional medications will be added to the Infusion Therapy Site of Care policy over time.

| HCPCS                              | BRAND NAME                   | GENERIC NAME       |
|------------------------------------|------------------------------|--------------------|
| <b>INFLAMMATORY CONDITIONS</b>     |                              |                    |
| J3262                              | Actemra®                     | Tocilizumab        |
| J0490                              | Benlysta®                    | Belimumab          |
| J3380                              | Entyvio®                     | Vedolizumab        |
| Q5103                              | Inflixtra®                   | Infliximab-dyyb    |
| J0129                              | Orencia®                     | Abatacept          |
| J1745                              | Remicade®                    | Infliximab         |
| Q5104                              | Renflexis®                   | Infliximab-abda    |
| J1602                              | Simponi Aria®                | Golimumab          |
| Q5121                              | Avsola®                      | Infliximab-axxq    |
| <b>MULTIPLE SCLEROSIS</b>          |                              |                    |
| J2350                              | Ocrevus®                     | Ocrelizumab        |
| <b>MISCELLANEOUS DISEASES</b>      |                              |                    |
| J0584                              | Crysvita®                    | Burosumab-twza     |
| J1300                              | Soliris®                     | Eculizumab         |
| J1303                              | Ultomiris®                   | Ravulizumab-cwvz   |
| <b>ENZYME REPLACEMENT THERAPY</b>  |                              |                    |
| J1786                              | Cerezyme®                    | Imiglucerase       |
| J3060                              | Eleyso®                      | Taliglucerase alfa |
| J2840                              | Kanuma®                      | Sebelipase alfa    |
| J1458                              | Naglazyme®                   | Galsulfase         |
| J3385                              | VPRIV®                       | Velaglucerase alfa |
| <b>INTRAVENOUS IMMUNE GLOBULIN</b> |                              |                    |
| J1566                              | Carimune® NF, Gammagard® S/D |                    |
| J1555                              | Cuvitru®                     |                    |
| J1572                              | Flebogamma®, Flebogamma® DIF |                    |
| J1569                              | Gammagard®                   |                    |
| J1561                              | Gammaked®, Gamunex-C®        |                    |
| J1557                              | Gammaplex®                   |                    |
| J1559                              | Hizentra®                    |                    |
| J1568                              | Octagam®                     |                    |
| J1459                              | Privigen®                    |                    |
| J1558                              | Xembify®                     |                    |

## Approved Sites of Care List

Please see the list below for the most up-to-date approved sites of care:

### PHYSICIAN OFFICE

❖ *A participating provider office who is able to procure and administer the infusion*

### HOME INFUSION AND AMBULATORY INFUSION SUITES

Providence Specialty Pharmacy – Infusion

Accredo Specialty Pharmacy

❖ *A participating and contracted home infusion provider or ambulatory infusion center that is able to procure and administer the infusion medication*

### CERTAIN APPROVED OUTPATIENT HOSPITAL FACILITIES

#### OREGON

|              |  |
|--------------|--|
| ALBANY       | Albany General Hospital                        |
| ASHLAND      | Asante Ashland Community Hospital              |
| BANDON       | Southern Coos General Hospital & Health Center |
| BEND         | St Charles Health System – Bend                |
| COQUILLE     | Coquille Valley Hospital                       |
| CORVALLIS    | Good Samaritan Regional Medical Center         |
| DALLAS       | West Valley Hospital                           |
| ENTERPRISE   | Wallowa Memorial Hospital                      |
| GRANTS PASS  | Asante Three Rivers Community Hospital         |
| LA GRANDE    | Grande Ronde Hospital                          |
| LEBANON      | Samaritan Lebanon Community Hospital           |
| LINCOLN CITY | Samaritan North Lincoln Hospital               |
| MADRAS       | St Charles Health System - Madras              |
| MEDFORD      | Asante Rogue Regional Medical Center           |
| MEDFORD      | Providence Medford Medical Center              |
| MILWAUKIE    | Providence Milwaukie Medical Center            |
| NEWPORT      | Samaritan Pacific Communities Hospital         |
| OREGON CITY  | Providence Willamette Falls Medical Center     |

|                   |   |
|-------------------|---|
| <b>PORTLAND</b>   | Providence Portland Medical Center  |
| <b>PORTLAND</b>   | Providence St Vincent Medical Center<br><i>(Includes <b>Gerry Frank Center For Children's Care</b>)</i> |
| <b>PRINEVILLE</b> | St Charles Health System - Prineville   |
| <b>REDMOND</b>    | St Charles Health System - Redmond  |
| <b>REEDSPORT</b>  | Lower Umpqua Hospital District  |
| <b>SALEM</b>      | Salem Health Hospital   |
| <b>STAYTON</b>    | Santiam Memorial Hospital   |
| <b>THE DALLES</b> | Mid-Columbia Medical Center   |

## **WASHINGTON**

|                     |  |
|---------------------|--|
| <b>CENTRALIA</b>    | Providence Centralia Hospital                                |
| <b>CHEWELAH</b>     | Providence St Joseph Hospital                                |
| <b>COLVILLE</b>     | Providence Mt Carmel Hospital                                |
| <b>EDMONDS</b>      | Swedish Edmonds  |
| <b>EVERETT</b>      | Providence Regional Medical Center                           |
| <b>ISSAQUAH</b>     | Swedish Medical Center - Issaquah                            |
| <b>OLYMPIA</b>      | Providence St Peter Hospital                                 |
| <b>RICHLAND</b>     | Kadlec Regional Medical Center                               |
| <b>SEATTLE</b>      | Swedish Medical Center - Ballard                             |
| <b>SEATTLE</b>      | Swedish Medical Center - Cherry Hill                         |
| <b>SEATTLE</b>      | Swedish Medical Center First Hill                            |
| <b>SPOKANE</b>      | Providence Holy Family Hospital                              |
| <b>SPOKANE</b>      | Providence Sacred Heart Medical Center & Children's Hospital |
| <b>WALLA WALLA</b>  | Providence St Mary Medical Center                            |
| <b>WHITE SALMON</b> | Skyline Hospital   |