New Site of Care Prior authorization for Infusion Services

Beginning on March 2, 2020, Providence Health Plan (PHP) will require a prior authorization for site of care for certain infusion medications provided in an outpatient hospital infusion center 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.

PHP will require a prior authorization for infusion medications administered in an outpatient hospital infusion setting per criteria defined in the Infusion Therapy Site of Care policy. Infusion medications included in this Infusion Therapy Site of Care policy are as follows:

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Brand Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>J3262</td>
<td>Actemra</td>
<td>Tocilizumab</td>
</tr>
<tr>
<td>J0490</td>
<td>Benlysta</td>
<td>Belimumab</td>
</tr>
<tr>
<td>J3380</td>
<td>Entyvio</td>
<td>Vedolizumab</td>
</tr>
<tr>
<td>J5103</td>
<td>Inflectra</td>
<td>Infliximab-dyyb</td>
</tr>
<tr>
<td>J0129</td>
<td>Orencia</td>
<td>Abatacept</td>
</tr>
<tr>
<td>J1754</td>
<td>Remicade</td>
<td>Infliximab</td>
</tr>
<tr>
<td>J5104</td>
<td>Renflexis</td>
<td>Infliximab-abda</td>
</tr>
<tr>
<td>J1602</td>
<td>Simponi Aria</td>
<td>Golimumab</td>
</tr>
<tr>
<td>J2352</td>
<td>Ocrevus</td>
<td>Ocrelizumab</td>
</tr>
<tr>
<td>J1300</td>
<td>Soliris</td>
<td>Eculizumab</td>
</tr>
<tr>
<td>J1303</td>
<td>Ultomiris</td>
<td>Ravulizumab-cwvz</td>
</tr>
</tbody>
</table>

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 (POS 12)
- Ambulatory Infusion Centers (POS 49)
- Physician Offices and Clinics (POS 11)
- Certain approved outpatient hospital facilities

Transition Period:

- For Members with existing prior-authorizations for one of the drugs above at an unapproved outpatient hospital facility, providers will have 60 days to coordinate transition of patient infusions at an approved site of care location or request a prior authorization for site of care.

- For all new starts at an unapproved outpatient hospital facility, a 60-day transition period will be allowed to coordinate patient transfers to an approved Site of Care request a prior authorization for site of care, or administer an initial dose of an infusion medication in a hospital infusion setting. Infusion medications will be covered at the unapproved outpatient hospital facility during the transition period.
Who is excluded from the Infusion Therapy Site of Care policy?

- Providence Medicare and Medicaid members
- Certain Commercial Plan members (ALL Providence St. Joseph Healthcare employer group)
- Members 12 years of age and under

A Site of Care prior authorization is required for the use of an unapproved hospital-based outpatient infusion center. An unapproved hospital-based outpatient infusion center may be considered medically necessary if the patient has concomitant conditions or clinical history that may increase the risk of infusion reactions or drug specific adverse events. Please see the Infusion Therapy Site of Care policy for a complete list of criteria.

- Submit PA requests through ProvLink https://phpprovider.providence.org/portal/
- The full policy can be found in ProvLink. Search the Literature Rack for ‘Infusion Therapy Site of Care’.