

## 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)

## 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).