

Site of Care Medical Pharmacy

CCPD ID: CCP.8004

Recent review date: 3/2025

Next review date: 7/2026

Policy contains: Medical Pharmacy Policy; Infusion Center; Prior Authorization.

Coverage policy

Select Health of South Carolina provides reimbursement for medical services for Medicaid members only when those services are provided in the most appropriate and cost-effective setting consistent with the member's medical needs and condition. The following drugs require prior authorization for medical necessity and can be safely administered in the home, an in-network infusion center, and an in-network office:

Actemra® *	Keytruda®
Alemtuzumab injection	Lanreotide injection
Avsola™	Leuprolide acetate
Benlysta	Leuprolide acetate for depot suspension
Bivigam	Mepolizumab injection
Carimune NF®	Naglazyme
Cinqair®	Natalizumab injection
Crysvita® *	Ocrelizumab injection
Cutaquig®	Octagam® injection
Cuvitru®	Octreotide injection, depot
Elelyso®	Omalizumab injection
Evenity	Onpattro®
Fabrazyme®	Orencia®
Filgrastim g-csf biosimilar injection	Panzyga®
Flebogamma	Pegfilgrastim injection
Gamastan S/D	Pegloticase injection
Gamastan S/D	Prolastin®
Gamifant *	Prolia®
Gammagard Liquid	Radicava®
Gammagard S/D	Reblozyl®
Gammaked®	Renflexis®
Gammaplex	Respiratory syncytial virus immune globulin injection

Gamunex C [®]	Romiplostim injection
Givlaari	Simponi Aria [®]
Glassia [™]	Soliris [®]
Glassia/Aralast NP [™]	Stelara [®]
Hizentra	Tecentriq [®]
HyQvia	Tocilizumab injection
Idursulfase injection	Trogarzo
Ilaris	Uplinza [®]
Ilumya [™]	Ultomiris [®] *
Imiglucerase injection	Vedolizumab injection
Immune globulin, powder	Vimizim [®]
Inflectra [®]	VPRIV [®]
Infliximab (not biosimilar)	Vyepti [™]
IVIG injection(Privigen [®])	Xembify [®]
Ixifi [™]	Zemaira [®]

Note: *Specific medications used in pediatric population are excluded from this policy requirement.

When these drugs are administered at an outpatient hospital facility instead of the home, an in-network infusion center or an in-network office, authorization for reimbursement will only be provided if one of the following criteria are met:

- Documented history of severe adverse reaction occurred during or immediately following an infusion and/or the adverse reaction did not respond to conventional interventions.
- Documentation that the member is medically unstable for the safe and effective administration of the prescribed medication at an alternative site of care as a result of one of the following:
 - Complex medical condition, status, or therapy requires services beyond the capabilities of an office or home infusion setting.
 - Documented history of medical instability, significant comorbidity, or concerns regarding fluid status inhibits treatment at a less-intensive site of care.
 - Clinically significant physical or cognitive impairment that precludes safe and effective treatment in an outpatient or home infusion setting.
 - Difficulty establishing and maintaining reliable vascular access.

References

American Academy of Allergy, Asthma & Immunology. IVIG Toolkit. <https://www.aaaai.org/Practice-Management/Practice-Tools/IVIG-Toolkit>. Published 2025.

National Home Infusion Association. About home and alternate site infusion. <https://nhia.org/about-infusion-therapy/>. Published 2025.

Centers for Medicare & Medicaid Services. Medicare claims processing manual. Rev. 12779. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf>. Issued August 9, 2024.

Centers for Medicare & Medicaid Services. Home infusion therapy services.

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Home-Infusion-Therapy/Overview>. Last modified September 10, 2024.

Ducharme, J, Pelletier C, and Zacharis, R. The safety of infliximab infusions in the community setting. *Can J Gastroenterol*. 2010;24(5):307-311. Doi: 10.1155/2010/138456.

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Polinski JM, Kowal MK, Gagnon M, Brennan TA, Shrank WH. Home infusion: Safe, clinically effective, patient preferred, and cost saving. *Healthc (Amst)*. 2017;5(1-2):68-80. Doi: 10.1016/j.hjdsi.2016.04.004.

Policy updates

2/2020	Initial review date and clinical policy effective date: 2/2020
1/2021	The following were added. Actemra®; Avsola™; Benlysta; Bivigam; Carimune NF®; Cinqair®; Crysvita®; Cutaquig®; Cuvitru®; Elelyso®; Evenity; Fabrazyme®; Flebogamma;; Gamastan S/D; Gamastan S/D; Gamifant; Gammagard Liquid; Gammagard S/D; Gammaked®; Gammaplex; Gamunex C®; Givlaari; Glassia™; Glassia/Aralast NP™; Hizentra; HyQvia; Ilaris; Ilumya™; Inflectra®; Ixifi™; Naglazyme; Onpattro®; Orencia®; Panzyga®; Prolastin®; Prolia®; Radicava®; Reblozyl®; Renflexis®; Simponi Aria®; Soliris®; Stelara®; Trogarzo;; Ultomiris®; Vimizim®; VPRIV®; Vyepti™; Xembify®; Zemaira®;
4/2023	The following were added: Keytruda®; Tecentriq®
4/2024	No policy changes made.
3/2025	The following was added: Uplinza®.