

Specialty pharmacy site of care program retraction

On November 11, 2021, the below *Provider Update* specific to *Specialty Pharmacy Site of Care* was posted to the Anthem Blue Cross and Blue Shield provider website. The notice informed providers that effective March 1, 2022, for specific billing codes, a review to determine the appropriate site of care would occur per *Clinical Guideline, Site of Care: Specialty Pharmaceuticals, CG-MED-83*. Please be advised that the November 11, 2021, *Provider Update* specific to *Specialty Pharmacy Site of Care* is being retracted. We will not be implementing the review on March 1, 2022. If a change is planned in the future, a new *Provider Update* will be posted. A copy of the November 2021 *Provider Update* is below in this notification as reference.



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Specialty pharmacy site of care

To better serve the members of Anthem Blue Cross and Blue Shield (Anthem) and to ensure members are receiving services at the most appropriate site of care, the member's home, an infusion center, or the provider office will be the preferred sites of care for administration of the medications below for dates of service March 1, 2022, and beyond.

HCPSC or CPT® code(s)	Drug
J3262	Actemra
J0791	Adakveo
J1931	Aldurazyme
J1599	Asceniv
Q5121	Avsola
J0490	Benlysta
J1556	Bivigam
J1566	Carimune NF
J1786	Cerezyme
J2786	Cinqair
J1743	Elaprase
J3060	Elelyso
J3380	Entyvio
J0180	Fabrazyme
J1572	Flebogamma
J1460	Gamma globulin, intramuscular, 1cc
J1560	Gamma globulin, intramuscular, over 10cc
J1569	Gammagard Liquid
J1566	Gammagard S/D
J1561	Gammaked
J1557	Gammaplex
J1561	Gamunex Liquid 10%
J0257	Glassia
Q5103	Inflectra
J2840	Kanuma
J2507	Krystexxa
J0221	Lumizyme
J3397	Mepsevii
J1458	Naglazyme
J0485	Nulojix
J2350	Ocrevus
J1568	Octagam Liquid 5%, 10%
J0222	Onpattro
J0129	Orencia
J1599	Panzyga

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HCPCS or CPT® code(s)	Drug
J1459	Privigen
J0256	Prolastin
J1745	Remicade
Q5104	Renflexis
J9312	Rituxan
J1602	Simponi Aria
J1300	Soliris
J2323	Tysabri
J1303	Ultomiris
J1322	Vimizim
J3385	VPRIV
J2357	Xolair
J0256	Zemaira

Effective for dates of service March 1, 2022, and beyond, requests for the medications listed above and the clinical information submitted will be reviewed for both medical necessity of the medication itself (as is done currently), as well as the requested site of care, as part of the prior authorization (PA) process. The medical necessity of the requested site of care will be reviewed prior to service using [Clinical Guideline, Site of Care: Specialty Pharmaceuticals, CG-MED-83](#).

There may be circumstances in which a member’s clinical situation requires that the member receive the medication in an outpatient hospital setting, which offers a higher intensity of available resources. A request for administration in an outpatient hospital setting will not be approved if a non-hospital setting such as the member’s home, an infusion center, or the provider office is a clinically appropriate and available alternative.

Please review [Clinical Guideline, Site of Care: Specialty Pharmaceuticals, CG-MED-83](#), which details medically necessary indications for administration of specialty pharmaceuticals in the outpatient hospital setting. The site of care review does not apply to medications administered as part of an inpatient stay.

Providers should continue to request a PA for the listed medications as usual. If a request for a hospital-based site of care does not meet medical necessity criteria upon review by a physician, the claim may be denied. We encourage you to discuss the alternate sites with the member, including the option of home administration.

We appreciate your support and look forward to your assistance in ensuring that our Anthem members receive medically necessary specialty pharmaceuticals delivered in a clinically appropriate fashion. Please note that adherence to the new policies and procedures is required to ensure appropriate payment of claims. If you have questions, please contact your local Provider Experience representative.