SPECIAL eBULLETIN

FOR PROFESSIONAL PROVIDERS

NOVEMBER 1, 2018

EFFECTIVE JAN. 1, 2019: NEW POLICY ESTABLISHED FOR CERTAIN INFUSED DRUGS

NEW MEDICAL POLICY (I-151) ESTABLISHED

Highmark's ongoing commitment is to deliver safety, value, and convenience while reducing the high cost of drugs for our members. In accordance with medical policies already in effect, certain infused medications may be considered medically necessary when applicable clinical criteria for individual medication policies are met and when administered in a non-hospital physician's office, non-hospital infusion center, or in the home.

In accordance with newly established Medical Policy I-151, certain infused medications may be considered medically necessary when applicable clinical criteria for individual medication policies are met and when administered in an outpatient facility or hospital-based outpatient clinic only as further set forth below. A complete list of drugs covered by this policy is also provided below.

Outpatient facility (Outpatient Hospital IV Infusion Department or Hospital-based Outpatient Clinical Level of Care) administration may be considered medically necessary if any of the following criteria are present to indicate the member is medically unstable for infusions in other than an outpatient facility setting:

- Pediatric patients up to and including 2 years of age;
- Member's home is considered unsuitable for care by the home infusion provider;
- Member's medical status requires enhanced monitoring beyond that which would routinely be needed for infusion therapy;
- Previous severe adverse reaction during or following administration of prescribed medication despite standard pre-medication;
- Member is receiving other medications that require close monitoring with a higher level of care;
- Member is at high risk for complications due to medication administration;
- Member is initiating therapy or re-initiating therapy after a period of at least 6 months with no therapy;
- Member is physically and/or cognitively impaired and a home caregiver is not available to comply with the required treatment regimen and schedule.

Highmark Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association.

The Medical Policy I-151 drug list is as follows:

Drug Name	Drug Name
Remicade®	Actemra®
Gammagard®	Lumizyme®
Gamunex®- C	Cerezyme®
Privigen®	Aralast™
Octagam ®	Berinert®
Gammaplex®	Glassia
Bivigam®	Vpriv™
Flebogamma®	Vimizim™
Carimune® NF, Gammagard® S/D	Simponi® Aria
Benlysta®	Entyvio®
Soliris®	Prolastin®
Elaprase®	Zemaira®
Fabrazyme®	Orencia®

This Medical Policy will apply to both professional provider and facility claims, effective January 1, 2019.

Please note that for patients who are currently receiving any of these therapies, you will not need to submit a request to continue the therapy until the current authorization expires. Starting January 1, 2019, upon receipt of a request to continue therapy for any of the drugs identified in this policy, Highmark will determine the medical necessity of both the medication and the requested site of care.

We appreciate your attention to this important policy change that helps to ensure your patients and our members receive specialty infusion therapy in the safest, most convenient, cost-effective environment.