

SPECIALTY PHARMACY FOR CERTAIN SPECIALTY MEDICATIONS ADMINISTERED IN AN OUTPATIENT HOSPITAL SETTING

Policy Number: ADMINISTRATIVE 265.1 T2

Effective Date: October 1, 2018

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Related Policies
• Actemra® (Tocilizumab) Injection for Intravenous Infusion
• Drug Coverage Guidelines
• Entyvio® (Vedolizumab)
• Infliximab (Remicade®, Inflectra™, Renflexis™)
• Lemtrada (Alemtuzumab)
• Ocrevus™ (Ocrelizumab)
• Orencia® (Abatacept) Injection for Intravenous Infusion
• Simponi Aria® (Golimumab) Injection for Intravenous Infusion
• Specialty Medication Administration - Site of Care Review Guidelines
• Stelara® (Ustekinumab)

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

This reimbursement policy applies to services reported using the UB-04 claim form or their electronic equivalents of their successor forms. The policy applies to all participating hospitals.

- Exceptions:** This reimbursement policy does not apply to:
- Hospitals that have contracted all their separately reimbursable drugs at 165% of CMS or less.
 - Hospitals that are contracted with Oxford whose aggregate reimbursement for the specialty drugs that are the subject of this policy at rates that are less than Oxford's designated specialty pharmacy's contracted rates.

- Oxford members that have Medicare or another health benefit plan as the primary payer and Oxford is the secondary payer.

OVERVIEW

This document articulates Oxford’s policy regarding the reimbursement of certain multiple sclerosis and anti-inflammatory specialty medications provided in an outpatient hospital setting, including the denial of payment to hospitals for failure to follow the protocol outlined in the *Specialty Pharmacy Protocol for Certain Specialty Medications Administered in an Outpatient Hospital Setting for UnitedHealthcare Oxford Commercial Members* available on the provider portal (UHCprovider.com/Protocols).

REIMBURSEMENT GUIDELINES

For Oxford members, participating hospitals in Connecticut (CT), New Jersey (NJ) and New York (NY) will be required to purchase certain multiple sclerosis and anti-inflammatory specialty medications from the BrioVaRx Specialty Pharmacy. The multiple sclerosis and anti-inflammatory specialty medications included in this protocol are:

- Actemra® (tocilizumab) injection for intravenous infusion
- Cimzia (certolizumab pegol)
- Entyvio® (vedolizumab)
- Infliximab (Remicade®, Inflectra™, Renflexis™)
- Lemtrada (alemtuzumab)
- Ocrevus™ (ocrelizumab)
- Orencia® (abatacept) injection for intravenous infusion
- Simponi Aria® (golimumab) injection for intravenous infusion
- Stelara® (ustekinumab)
- Tysabri (natalizumab)

All hospitals must procure the specialty medications to be administered in an outpatient hospital setting from BrioVaRx. BrioVaRx will bill Oxford directly for these medications.

Participating hospitals:

- Will bill Oxford for the administration of the medication only.
- May not bill members for these medications.

Financial Consequence for Non-Compliance

Oxford will issue an administrative denial of payment for failure to comply with this protocol.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

Note: This list of specialty medications is subject to change upon 90 days written notice.

HCPCS Code	Description
J0129	Injection, abatacept, 10 mg
J0202	Injection, alemtuzumab, 1 mg
J0717	Injection, certolizumab pegol, 1 mg
J1602	Injection, golimumab, 1 mg, for intravenous use
J1745	Injection, infliximab, excludes biosimilar, 10 mg
J2323	Injection, natalizumab, 1 mg
J2350	Injection, ocrelizumab, 1 mg
J3262	Injection, tocilizumab, 1 mg
J3357	Ustekinumab, for subcutaneous injection, 1 mg
J3358	Ustekinumab, for intravenous injection, 1 mg
J3380	Injection, vedolizumab, 1 mg

HCPCS Code	Description
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg

QUESTIONS AND ANSWERS

1	Q:	What happens if a hospital bills for one of the drugs listed above?
	A:	Oxford will issue an administrative denial of payment for failure to comply with the <i>Specialty Pharmacy Protocol for Certain Specialty Medications Administered in an Outpatient Hospital Setting for UnitedHealthcare Oxford Commercial Members</i> .

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
10/01/2018	<ul style="list-style-type: none"> New policy