Infusion Therapy Site of Care Prior Authorization Policy

Policy applies to PHP Commercial members

Starting March 2, 2020 Providence Health Plan (PHP) requires site of care prior authorization for the medications listed below when given in an unapproved hospital setting. A separate prior authorization may be required for the drug.

Medications that require a prior authorization for site of care when given in an unapproved hospital setting are:

- Remicade® (Infliximab)
- Inflectra® (Infliximab-dyyb)
- Simponi Aria® (Golimumab)
- Orencia® (Abatacept)
- Entyvio® (Vedolizumab)
- Actemra® (Tocilizumab)
- Benlysta® (Belimumab)
- Renflexis® (Infliximab–abda)
- Ocrevus® (Ocrelizumab)
- Soliris® (Eculizumab)
- Ultomiris® (Ravulizumab-cwz)

A prior authorization for site of care is not required when these medications are given in an approved site of care. Refer to the Approved Sites of Care List (PDF)*. *Coming Soon

Who is excluded from the Infusion Therapy Site of Care policy?

- Providence Medicare and Medicaid members
- Certain Commercial Plan members (ALL Providence Saint Joseph Health employer groups)
- Members 12 years of age and under

Why the change was made:

Providence Health Plan (PHP) is committed to providing high quality and affordable benefits to our members. We have made this change to our prior authorization to ensure medications are provided in a high quality, affordable setting. When more than one medically appropriate alternative is available, Providence Health Plan will approve the least costly alternative.

Please be aware that an approval for Site of Care is based on medical necessity for infusion services at an unapproved outpatient hospital facility. It is not a determination of network benefits. Any applicable out of pocket expense for the member is determined by the design of the members Plan benefits.

Please call the Providence Health Plan Pharmacy Services Department for help finding an approved site of care at 503-574-7400 or 877-216-3644, 8 a.m. to 5 p.m., Monday through Friday.