

Pharmacy Sourcing for Select Provider-Administered Drugs

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Effective Date: 10/01/2025

Applicable States: Florida, Georgia

Description

This policy establishes requirements for participating outpatient providers to obtain certain provider-administered drugs from the Plan's in network specialty pharmacies, with the aim of enhancing care coordination, ensuring appropriate utilization, and optimizing cost-effectiveness. This policy establishes reimbursement eligibility conditions for drugs obtained through non-specialty pharmacy channels. It does not modify clinical coverage criteria for these therapies, which are governed by separate clinical policies. When states or drugs are added to this policy for inclusion, providers will be notified by standard notification timelines.

Policy

Scope

This policy applies to the provider-administered drugs listed in Table 1 (see **Appendix**) when used in the following outpatient settings:

- Ambulatory infusion centers;
- Ambulatory surgery centers;
- Home infusion;
- Outpatient hospital facilities;
- Physician offices.

This policy does not apply when:

- Medicare is the primary payer and the Plan is secondary;
- Another health benefit plan is the primary payer and the Plan is secondary.

Provider Requirements

Participating providers must source the provider-administered drugs listed in Table 1 (see **Appendix**) from an in network specialty pharmacy, unless otherwise authorized by Oscar Health.

1. Obtain applicable drugs from the designated in-network specialty pharmacy (see **Appendix**).
2. Administer drugs per FDA-approved labeling, established clinical guidelines and best practices.
3. Monitor and document response, including any adverse reactions.
4. Promptly notify the Plan and the specialty pharmacy of any issues with drug delivery, quality or tolerability that may warrant exceptions or changes to treatment.
 - a. As applicable, provide objective evidence of sourcing barrier(s) upon request.
5. Submit claims with appropriate codes for drug administration only. *The specialty pharmacy will bill the Plan directly for the drug itself.*

Compliance and Enforcement

Non-compliance may result in corrective actions up to and including contract termination. The Plan will monitor compliance through oversight activities such as:

- Claims data analysis.

- Medical record audits.
- Utilization management reviews.
- Investigation of member complaints.

Reimbursement Guidelines

- *The Plan reserves the right to conduct audits to ensure compliance with these reimbursement guidelines. Non-compliance may result in claim denials or recovery of overpayments.*
- *The Plan may update these reimbursement guidelines periodically. Providers will be notified of any changes according to the terms of their contracts.*

When these drugs are appropriately obtained from the network specialty pharmacy:

1. The specialty pharmacy will bill the Plan directly for the drug under the member's Pharmacy benefit.
 - *The plan will only reimburse for drugs obtained through the network specialty pharmacy, unless otherwise authorized by Oscar Health.*
2. Provider reimbursement:
 - a. Providers may seek reimbursement from the Plan ONLY for drug administration services.
 - b. Providers may NOT bill the member for the drug itself when obtained through the network specialty pharmacy. If claims are denied due to failure to obtain drugs through the required specialty pharmacy:
 - i. Providers may NOT balance bill the member for the denied drug charges.
 - ii. Providers are responsible for any costs associated with obtaining drugs from non-authorized sources.
 - c. Reimbursement for the drug administration services will be subject to the provider's contract terms and applicable fee schedules.
3. Claims Submission:
 - a. Providers may submit claims with appropriate codes for drug administration services.
 - i. The appropriate drug code must be submitted on the claim with a nominal fee of \$0.01 (one cent), along with the administration code.
 - b. Claims should include information necessary for processing, such as date of service, procedure codes, diagnosis codes, and National Drug Code (NDC).
 - c. The Plan may request additional documentation to support claims as needed, in accordance with applicable laws and regulations. The Plan recommends following good documentation practices aligned with professional standards.

These practices typically include:

 - i. *Recording the date, time, dose, and route of administration.*
 - ii. *Noting any individual-specific consideration or reactions.*
 - iii. *Documenting relevant clinical information and assessments.*
 - iv. *Maintaining records of individual education and informed consent.*
 - v. *Adhering to applicable regulatory requirements for medical record-keeping.*
4. Any drugs obtained from a non-network specialty pharmacy without an approved exception will not be reimbursed.

Appendix**Table 1. Provider-Administered Drugs Subject to Specialty Pharmacy Requirements**

Drug Name		Drug Category	HCPCS Code
Brand Name	Generic Name		
Avsola	infliximab-axxq	Inflammatory conditions	Q5121
Briumvi	ublituximab-xiiy	Multiple sclerosis	J2329
Conexence	denosumab-bnht	Bone diseases	J3590, C9399*
Cosentyx	secukinumab	Inflammatory conditions	J3247
Evenity	romosozumab-aqqg	Bone diseases	J3111
Eylea	aflibercept	Ophthalmic injections	J0178
Eylea HD	aflibercept	Ophthalmic injections	J0177, C9161
Ilaris	canakinumab	Inflammatory conditions	J0638
Inflectra	infliximab-dyyb	Inflammatory conditions	Q5103
infliximab	infliximab	Inflammatory conditions	Q5102
Jubbonti	denosumab-bbdz	Bone diseases	Q5136
Leqvio	inclisiran	Cardiovascular agents	J1306
Lucentis	ranibizumab	Ophthalmic injections	J2778
Ospomyv	denosumab-dssb	Bone diseases	J3590, C9399*
Ocrevus	ocrelizumab	Multiple sclerosis	J2350
Ocrevus Zunovo	ocrelizumab and hyaluronidase-ocsq	Multiple sclerosis	J2351
Pavblu	aflibercept-ayyh	Ophthalmic injections	Q5147
Prolia	denosumab	Bone diseases	J0897
Remicade	infliximab	Inflammatory conditions	J1745
Renflexis	infliximab	Inflammatory conditions	Q5104
Saphnelo	anifrolumab-fnia	Lupus agents	J0491
Stoboclo	denosumab-bmwo	Bone diseases	J3590, C9399*
Tysabri	natalizumab	Multiple sclerosis	J2323
Vabysmo	faricimab-svoa	Ophthalmic injections	J2777

*Not otherwise classified (NOC) HCPCS codes are used when a more specific HCPCS code is not available. These codes are subject to change.

Table 2: Specialty pharmacy contacts

Pharmacy Name	Phone	Fax
CVS Specialty (available in Florida and Georgia)	1-800-237-2767 (TTY: 711)	1-800-323-2445
Publix (available in Florida)	1-855-797-8254	1-863-413-5723
PharmaScript (available in Georgia)	844-635-3221 800-526-0844 / TTY 800-526-0857 / Voice	312-277-9575

Related Policies

1. Modifier Guidelines Reimbursement Policy
2. National Drug Code (NDC) Reimbursement Policy

References

1. U.S. Centers for Medicare & Medicaid Services. “Article - Self-Administered Drug Exclusion List: (SAD List) (A52800)” www.cms.gov, Winter 3AD, www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52800.
2. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.
3. Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System (HCPCS), HCPCS Release and Code Sets.
4. https://icer.org/wp-content/uploads/2023/04/ICER-White-Paper_-_White-Bagging-Brown-Bagging-and-Site-of-Service-Policies.pdf

Publication History

Date	Action/Description
06/02/2025	New Policy Development. Reimbursement Governance Committee Approved.