

# CORPORATE POLICY

<b>POLICY NAME:</b>	<b>MEDICATION INFUSION SITE OF CARE POLICY</b>
<b>POLICY NUMBER:</b>	<b>HSMP0077</b>
<b>ISSUING DEPT.:</b>	<b>Pharmacy</b>
<b>EFFECTIVE DATE:</b>	<b>March 1, 2020</b>
<b>APPROVED BY:</b>	<b>Pharmacy &amp; Therapeutic Committee</b>

<b>APPLIES TO:</b>	<input checked="" type="checkbox"/> <b>SummaCare, Inc.</b>	<input checked="" type="checkbox"/> <b>Apex Health Solutions</b>
<b>PRODUCT LINE(S):</b> (Check all that apply)	<input type="checkbox"/> <b>Medicare</b> <input checked="" type="checkbox"/> <b>Commercial Fully Insured:</b> <b>On-Exchange</b> <input checked="" type="checkbox"/> <b>Commercial Fully Insured:</b> <b>Off-Exchange</b> <input checked="" type="checkbox"/> <b>Medicare Supplemental</b>	<input type="checkbox"/> <b>Medicare</b> <input checked="" type="checkbox"/> <b>Self-Funded</b> <input checked="" type="checkbox"/> <b>BPO</b>

<b>Policy:</b>	SummaCare provides coverage of infusible medications under the medical benefit. Infusible medications may be subject to Prior Authorization to determine medical necessity. Under this policy the medically necessary services must be rendered in the home, provider office, ambulatory infusion center or non-hospital infusion suite that is determined appropriate for the enrollee. This policy provides criteria used to determine the medical necessity of hospital outpatient administrations, as the site of service, for an identified list of specialty medications.
<b>Purpose:</b>	To increase access to different sites of care for enrollees and decrease health care costs by optimizing home infusion and other non-hospital outpatient facilities as a safe and practical options for infusing medications.

## PROCEDURES

Infusions may be administered in different settings including a physician's office, an infusion center, enrollee's home or other appropriate location requested by the enrollee. This policy requires SummaCare's Commercial and Marketplace enrollees to receive certain specialty infusible medications in their home physician offices, ambulatory infusion centers or non-hospital outpatient infusion sites unless it is determined that a hospital infusion is required. A list of medications that are subject to this policy can be found at: [www.summacare.com/providers/prior-authorization/prior-authorization-drugs-under-medical-benefit](http://www.summacare.com/providers/prior-authorization/prior-authorization-drugs-under-medical-benefit). Medical exception criteria to this policy are outlined below.

**All Medications outlined at: <https://www.summacare.com/providers/prior->**

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**authorization/prior-authorization-drugs-under-medical-benefit are to be infused in the patients home, physician office, ambulatory infusion center or non-hospital outpatient infusion suite with only the below exceptions.**

**Hospital outpatient setting.** The hospital outpatient setting will only be deemed medically necessary if the enrollee meets ONE or more of the following criteria (submission of medical records is required):

1. Documentation that the enrollee is medically unstable for administration of the requested medication at the preferred sites of care as deemed by the following:
  - a. Documented clinical history of cardiopulmonary conditions that may cause an increased risk of severe adverse reactions; OR
  - b. Inability to safely tolerate intravenous volume loads, including unstable renal function; OR
  - c. The enrollee's complex medical status or therapy requires enhanced monitoring and potential intervention above and beyond the capabilities of the home infusion or office setting; OR
  - d. Physical or cognitive impairments such that the preferred sites of care would present an unnecessary health risk: OR
  - e. The enrollee has experienced difficulty establishing and maintaining vascular access
    - i. If this criterion is met the authorization for hospital outpatient setting will be approved for maximum of 6 months then enrollee will be re-evaluated to determine if home infusion or other preferred site of care is an option.
2. Medical record documentation of episodes of severe or potentially life-threatening adverse events (i.e. anaphylaxis, seizure, thromboembolism, myocardial infarction, renal failure) that have not been responsive to acetaminophen, steroids, diphenhydramine, fluids, infusion rate reductions or other pre-medications, thereby increasing the risk to the enrollee when administered in the home or office setting.
  - a. If this criterion is met, the authorization for hospital outpatient setting will be approved according to the clinical criteria for the requested medication
3. Initial Infusion or re-initiation of therapy after more than 12 months
  - a. If this criterion is met, the authorization for hospital outpatient setting will be approved for 1 visit within 30 days of requested start date and then enrollee will be evaluated to determine if home infusion or other preferred site of care is an option.

## **Additional Requirements**

1. If another setting other than home infusion is required for any reason it must be an age appropriate setting. If the member is 18 years of age or older they must utilize an adult facility.
2. If another setting other than home infusion is required for any reason SummaCare retains the right to supply the medication via a third party to the final infusion site.

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3. Please check [www.summacare.com/providers/prior-authorization/prior-authorization-drugs-under-medical-benefit](http://www.summacare.com/providers/prior-authorization/prior-authorization-drugs-under-medical-benefit) for a list of medications that are available for home infusion with SummaCare. This list is subject to change.

## **COMPLIANCE STATEMENT:**

<b>Enforcement:</b>	All employees are responsible for complying with this policy. Failure to abide by the conditions of this policy may result in corrective action, up to and including termination. Employees are responsible for reporting any observed violations of this policy in accordance with the <b><i>Compliance Communication and Reporting Policy</i></b> .
<b>Review Schedule:</b>	This policy will be reviewed and updated as set forth in the <i>Policy Review Schedule</i> .
<b>Compliance Monitoring and Auditing:</b>	<ul style="list-style-type: none"><li>• The Issuing Dept. is responsible for monitoring and enforcing compliance with this policy.</li><li>• Compliance will conduct periodic reviews to monitor and audit compliance with this policy.</li></ul>
<b>Documentation:</b>	Documentation related to this policy must be maintained for a minimum of 10 years.

<b>Standards:</b>	
<b>Definitions:</b>	<b>Home infusion therapy:</b> is the administration of drugs through intravenous, intraspinal, epidural, or subcutaneous routes, under a physician prescribed treatment plan and in a member's home or other appropriate location requested by the member.
<b>Replaces:</b>	
<b>Review Date:</b>	8/31/2022, 7/9/2025
<b>Revised Date:</b>	5.11.2020, 7/9/2025
<b>Responsible Party:</b>	Manager, Formulary and Pharmacy Benefits Director of Pharmacy

*The "Responsible Party" is the person responsible for ensuring that this policy is reviewed and updated according to the Policy Review Schedule.*

## **Related Policy(ies)**

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Related Document(s)