

Medical Policy

Specialty Medication Administration – Site of Care

Policy Number: 052

	Commercial and Connector/Qualified Health Plans
Authorization required for specialty infusion medications site of care	X

This Specialty Medication Administration – Site of Care policy is not available for MassHealth plans.

Overview

The purpose of this document is to describe guidelines to determine medical appropriateness for site of care delivery in a hospital outpatient facility versus a less intensive site of care, such as in the home. Mass General Brigham Health Plan collaborates with Novologix for most specialty infusion medications. This policy does not pertain to the authorization of the actual medication.

The medications on the list, [Infusion Drugs Reviewed for Site of Care](#), are authorized by **CVS Caremark**. This policy applies only to those who are 14 years of age and older.

Coverage Guidelines

Mass General Brigham Health Plan will utilize grace periods specific to the infused medication to determine when a member can be safely transitioned from a hospital outpatient facility to a less intensive site of care such as in the home. After such time, Novologix may continue to authorize infusion medication in the hospital outpatient facility setting when the criteria below are met.

Criteria for Infusion in the Hospital Outpatient Facility Setting

Mass General Brigham Health Plan covers infusion in a hospital outpatient facility setting for medications included in this policy when there is clinical documentation that indicates the member meets one or more of the following:

1. The member is medically unstable for infusions at alternative levels of care as noted by any of the following:
 - a. The member has experienced an adverse event:
 - i. With the requested product that has not responded to conventional interventions (e.g. acetaminophen, steroids, diphenhydramine, fluids, other pre-medications, or slowing of infusion rate); or
 - ii. During or immediately after an infusion (e.g. anaphylaxis, anaphylactoid reactions, myocardial infarction, thromboembolism, or seizures); or;
 - b. Respiratory, cardiovascular, or renal conditions that may limit the member’s ability to tolerate a large volume or load or predispose the member to a severe adverse event that cannot be managed in an alternate setting without appropriate medical personnel and equipment;
 - c. Severe venous access issues that require the use of special interventions only available in the outpatient hospital setting;
 - d. Physical or cognitive impairments that would present unnecessary health risk.

Exclusions

1. When relevant criteria listed above are not met.
2. When the specialty infusion medication has been denied.

Criteria for Home Infusion Therapy

Mass General Brigham Health Plan considers the home setting to be the appropriate setting for delivery of care when:

1. The member's home environment has been assessed as:
 - a. Being accessible to 911 services and urgent care;
 - b. Having adequate refrigeration;
 - c. Meeting general cleanliness standards determined by an onsite home nursing assessment.
2. The member is medically stable and able to participate in their care; and
3. The member has reliable venous access.

Definitions

Home Infusion Therapy: The administration of prescription medications through a needle or catheter into a patient's vein in the patient's home setting. It is furnished by a qualified home infusion therapy provider to an individual who is under the care of physician. The therapy is provided in an integrated manner under a plan established and periodically reviewed by a physician.

Home Setting: Any place where the member has established his/her place of residence for the time period when home care services are being provided. This may include his/her own dwelling, an apartment, the home of a friend or family member, a group home, a homeless shelter or other temporary place of residency or a community setting. It does not include hospitals, skilled nursing facilities, intermediate care facility for the developmentally disabled, or any other institutional facility providing medical, nursing, rehabilitative, or related care. A day care setting, adult day care, or adult medical care does not meet the definition of a home setting.

Medically Necessary or Medical Necessity:

Division of Insurance Definition

Medically Necessary health care services are those that are consistent with generally accepted principles of professional medical practice as determined by whether:

- a) The service is the most appropriate available supply or level of service for the insured in question considering potential benefits and harms to the individual;
- b) Is known to be effective, based on scientific evidence, professional standards, and expert opinion, in improving health outcomes; or
- c) For services and interventions not in widespread use, is based on scientific evidence.

Site of Care: Choice for physical location of infusion administration. Sites of care include hospital inpatient, hospital outpatient, community office, ambulatory infusion suite, or home-based setting.

Effective

November 2022: Annual review. References updated.

September 2021: Annual Review.

October 2020: Off-cycle review. Overview section revised for clarity with language added "versus a less intensive site of care, such as in home." Language added regarding age requirement. Guidelines section updated to remove statement regarding "two dosage authorization in hospital" with language regarding grace period allowance. Criteria section changed to reflect new adverse event requirements found in sections 1a, 1b, and 1c.

Removed sentence

"The member's home has been determined to be inappropriate for home infusion by a social worker, case manager, or previous home nurse assessment." Subheading edited to "Criteria for Home Infusion Therapy".

October 2019: Annual update. Language edited in Overview section. MassHealth definition removed from Definitions section.

December 2018: Annual update.

August 2017: Effective date.



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