

*[Appendix will be inserted into each medical benefit drug-specific policy included in the Site of Care program]*

## **Appendix A: Site of Care Policy**

**Purpose:** This policy will specify member and drug inclusion and exclusion criteria for the Site of Care program.

**Policy Statement:** The Site of Care program allows members to obtain certain provider-administered medications at a location outside of the hospital outpatient facility when clinically appropriate. Evidence-based guidelines support the administration of injectable medications in alternative sites of care including in the home (via a home infusion provider). Administration of the injectable medications subject to this policy at alternate sites of care is based upon the professional judgment of the provider and Neighborhood, and takes into account the clinical appropriateness for each individual patient. Requests for drugs listed in this policy will be assessed for meeting medical necessity based on the clinical documentation provided by the requesting practitioner.

### **Procedure:**

Medications identified in this policy are subject to meeting medical necessity standards. This policy applies to those 18 years of age and older. Once it is determined that medical necessity standards are met for the medication, Neighborhood will assess for appropriateness of Site of Care administration. Each case will be addressed on an individual basis.

Hospital outpatient facility administration may be considered medically necessary if **ANY** of the following criteria are present to indicate the patient is medically unstable for infusions in settings other than an outpatient facility setting:

- Patient's home is considered unsuitable for care by the home infusion provider; **or**
- Patient's medical status requires enhanced monitoring beyond that which would be routinely required for infusion therapy or able to be provided by a home infusion provider; **or**
- Previous severe adverse reaction (including but not limited to anaphylaxis, seizure, thromboembolism, myocardial infarction, renal failure) during or following administration of prescribed medication despite standard pre-medication **AND** must be provided in written documentation; **or**
- Patient is receiving other medications that require close monitoring with a higher level of care (e.g., cytotoxic chemotherapy or blood products); **or**
- Patient is at high risk for complications due to medication administration (e.g., at risk for post-transplant complications, increased risk of infusion reactions due to presence of circulating antibodies, unstable vascular access, cardiopulmonary condition at risk for severe adverse reactions, unstable renal function with inability to safely tolerate IV volume loads, etc.); **or**
- Patient is initiating therapy or re-initiating therapy after a period of at least 6 months with no therapy; **or**
- Physically and/or cognitively impaired **AND** a home caregiver is not available to comply with the required treatment regimen and schedule.

If it is determined that the patient is not suited for medication administration in the home, Neighborhood reserves the right to have the medication purchased through a Specialty Pharmacy which will directly deliver the medication to the hospital pharmacy/facility that is administering the medication. In this scenario, the Specialty Pharmacy will bill Neighborhood for the cost of the medication, not the facility.

If initial infusions of a medication were administered in an outpatient facility, subsequent maintenance doses will be authorized in the home setting through a home infusion provider.\*\*\*



\*\*\*The timeframe of administration allowed at the outpatient facility is subject to change as recommended by the member's provider in consultation with Neighborhood's Pharmacy Department.