

## **Utilization Management Policy**

### **Site of Service: Infusion Therapy and Clinic Administered Medicines**

Kaiser Foundation Health Plan of Washington (Kaiser Permanente) may require a specialty infused drug be administered by a select provider for HMO plan members.

## **Background**

Infusion or Infusion Therapy is when medicine is given directly into the bloodstream through a vein, under the skin (subcutaneous), or into the muscle (intramuscular) by injection.

**Site of Service** refers to a specific provider or facility for the member's health plan, generally in-network contracted providers.

**Site of Care** refers to the generic type of site or type of setting where the infused drug is administered. Infusions can be given in different settings, including outpatient infusion center located in a hospital, an infusion center that's not in a hospital, a physician's office, or in a member's home.

## **Criteria**

### **For Medicare Members**

Criteria does not apply.

### **For Non-Medicare Members**

Kaiser Foundation Health Plan of Washington (Kaiser Permanente) requires Site of Service prior authorization for HMO coverage of select injectable drugs that are given under the medical benefit. The drugs included in this policy are mostly high cost and/or complex specialty medicines.

See [Non-Medicare Injectable Drugs Requiring Prior Authorization](#) for drug-specific site of service requirements.

Exceptions: Prior authorization for an alternative site of service may be obtained if a preferred site of service is not available within a reasonable travel distance or timeframe, as established by Kaiser Permanente and Washington State provider network adequacy requirements, or for safety concerns.

Note: All new coverage requests for the select medicines will require a [medical necessity](#), [site of care](#), and site of service review. Site of Service criteria will be waived for administration of the first dose for all drugs. Further dose exceptions may apply depending on the drug and/or to ensure continuity of care, with prior authorization.

## **Revision History**

<b>Date Created</b>	<b>Date Reviewed</b>	<b>Date Last Revised</b>
12/1/2020	12/1/2020 <sup>MPC</sup>	12/1/2020