



## Home Infusion Pain Management

### **I. Policy**

University Health Alliance (UHA) will reimburse for home infusion pain management when determined to be medically necessary and within the medical criteria guidelines (subject to limitations and exclusions) indicated below.

### **II. Background**

Home infusion therapy for pain management is used only when all other pain control methods of administration are no longer effective and when patient-controlled analgesia can be effectively administered for palliative treatment of severe pain.

Drugs used in pain management infusion include opioid analgesics such as morphine, hydromorphone, meperidine, and fentanyl. Local anesthetics may be used in combination with opioid analgesics in epidural infusions.

The following types of home infusion therapy for pain management are covered in this policy:

- Intravenous (IV) patient-controlled analgesia (PCA) allows the patient to self-administer opioid analgesics by using a pre-programmed mechanical infusion device that delivers the medication through an IV or subcutaneous needle or catheter to minimize or relieve pain. The PCA pump can provide a continuous infusion and/or intermittent preset doses of medication. Lockout periods can also be established to control the amount of opioid analgesic the patient can receive within a predetermined period of time. This type of pain control is generally used for post-operative purposes but can also be used for the management of severe chronic pain due to cancer.
- Patient-controlled epidural or intrathecal analgesia involves the insertion of an epidural or intrathecal catheter in conjunction with a pump to deliver small doses of local anesthetics or opioid analgesics directly into the epidural or subarachnoid space. Side effects such as nausea, sedation and respiratory depression can be minimized because of the low doses needed to obtain pain relief and the effect on peripheral versus central receptors. This method of pain management requires experienced professionals, use of meticulous technique, availability of significant family support systems, and timely professional follow-up evaluations. It can be used effectively in pain management for terminal cancer patients and for patients with chronic intractable pain of noncancerous origin.

### **III. Criteria/Guidelines**

- A. Home infusion pain management therapy to deliver FDA-approved drugs is covered (subject to Limitations/Exclusions and Administrative Guidelines) for any of the following indications:
  1. Patients with terminal cancer
    - a. When pain is unresponsive to standard pain management interventions; or
    - b. When rapid onset of analgesia and a sustained consistent level of drug is needed to prevent pain.
  2. Patients with chronic, nonmalignant pain
    - a. When there is an acute exacerbation of pain requiring short-term (two to three weeks) treatment as an adjunct to usual pain management regimen; or

- b. When pain is not effectively controlled with non-invasive methods of pain control such as systemic opioids, including attempts to eliminate physical and behavioral abnormalities which may cause an exaggerated reaction to pain; and
    - c. Patient has been evaluated by a multidisciplinary team and treatment is initiated and monitored by a board certified anesthesiologist, neurologist, or pain medicine specialist.
  - 3. Patient must be homebound to qualify for coverage. (Note: A 1 to 2 day inpatient stay may be medically necessary for a preliminary trial of intraspinal opioid drug administration.)
- B. An implantable infusion pump is considered medically necessary when used to administer opioid drugs (e.g., morphine), ziconotide (Prialt), and/or clonidine intrathecally or epidurally for treatment of severe chronic intractable pain of malignant or non-malignant origin in persons who meet criteria above and where the following criteria are met:
  - 1. A preliminary trial of intraspinal opioid drug administration with a temporary intrathecal/epidural catheter has substantiated adequately acceptable pain relief with a 50 percent reduction in pain, the degree of side effects (including effects on the activities of daily living), and acceptance; and
  - 2. For nonmalignant pain only, a psychological evaluation has been obtained and indicates that the individual is a favorable candidate for permanent intrathecal pump implantation; and
  - 3. Implantable infusion pumps for intrathecal or epidural infusion of opioids, ziconotide, and clonidine are considered experimental and investigational as a treatment for gastroparesis and for all other indications not listed above because their effectiveness has not been established.
  - 4. Note: Currently, morphine and ziconotide are the only FDA-approved analgesics for long-term intrathecal infusion. FDA-approved implanted pump labeling identifies which pain medicines are approved for use with each pump. Because the spinal cord and brain tissue are extremely sensitive to preservatives and bacteria or viruses, pain medicines approved by the FDA for delivery into the spinal fluid must meet additional safety criteria. It is important to review the current labeling on patients' implanted pumps to determine which pain medicines should be administered.
    - a. Medications that are not currently approved for use with implanted pumps for intrathecal infusion of pain medications include hydromorphone, bupivacaine, fentanyl, and clonidine; any mixture of two or more different kinds of medicine; and any compounded medicine.

#### **IV. Limitations/Exclusions**

- A. Home infusion pain management therapy is not covered under the following conditions:
  - 1. The patient is noncompliant with treatment and follow-up with prescribing physician or has a history of noncompliant behavior.
  - 2. Evaluation of clinical data, tests, and symptoms indicate that home infusion pain management is no longer effective.
  - 3. The drugs or routes of administration are not approved by the FDA.
  - 4. There is no meaningful documentation to determine failure of previous pain control regimens by other routes of administration for patients with chronic, nonmalignant pain.

**NOTE:**

*This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.*

*Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member's individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.*

*UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.*

## **V. Administrative Guidelines**

- A. Prior authorization is required. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria.
- B. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.

## **VI. Policy History**

**Policy Number:** MPP-0094-121120

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