Chemotherapy Observation or Inpatient Hospitalization (for Tennessee Only)

Guideline Number: CS198TN.A
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Instructions for Use

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Related Community Plan Policy

- Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements (for Tennessee Only)

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Application

This Utilization Review Guideline applies to Medicaid only plans in the state of Tennessee.

Coverage Rationale

Most cancer chemotherapies can be administered safely and effectively in a physician office or through home healthcare services. However, because of the risk of certain toxicities or individual comorbidities, some cancer chemotherapy may be administered either in a facility observation or inpatient unit.

This guideline does not apply to individuals under 18 years of age.

An inpatient stay is medically necessary for drug regimens that require inpatient monitoring or complex administration over multiple days:

Regimen	Drugs	Cancer Type	Factors Contributing to the Need for Inpatient Stay
EPOCH or DA-EPOCH or R-EPOCH	• Etoposide 50 mg/m^2/day continuous infusion on days 1 to 4 • Prednisone • Vincristine (Oncovine) IV days 1-4 • Cyclophosphamide 750 mg/m^2 IV on day 5 • Doxorubicin (Hydroxydaunorubicin) 10 mg/m^2/day continuous infusion on days 1-4 • With or without Rituximab	Lymphoma	Coordination of multiple infusions or multiple drugs over 96 hours
ESHAP or R-ESHAP	• Etoposide 40 mg/m^2/day continuous infusion on days 1 to 4 • Methylprednisolone (solumedrol) • Cytarabine (“High-dose Ara-c”) 2g/m^2	Lymphoma	• Coordination of multiple infusions or multiple drugs over 96 hours

Regimen	Drugs	Cancer Type	Factors Contributing to the Need for Inpatient Stay
	• Cisplatin (platinol) 25mg/m continuous infusion days 1-4 • With or without Rituximab		• Monitor for CNS toxicity with cytarabine
Interleukin 2 infusion	Interleukin 2 600,000 IU/kg IV every 8 hours for up to 14 consecutive doses over 5 days	Melanoma Renal Cell Cancer	• Continuous cardiac monitoring • Close monitoring of serum electrolytes, creatinine, bilirubin, urine output • Vasopressor support with dopamine • Proximity to intensive care unit
High dose Ifosphamide	Ifosphamide infusion > 1g/m2/day	Sarcoma	• Close monitoring of serum electrolytes and urine pH • Replacement of electrolytes • Alkalinazation of urine
High dose methotrexate with leucovorin rescue	• Methotrexate dose at > 500 mg/m2 • Leucovorin 15 mg every 6 hours for eight doses beginning 12 hours after the completion of methotrexate infusion, and increased to 50 mg IV every 6 hours if methotrexate levels are >20 µmol/L at 0 hour, are >1.0 µmol/L at 24 hours, or are >0.1 µmol/L at 48 hours after the end of methotrexate infusion, until levels are <0.1 µmol/L plus	Lymphoma Sarcoma	Close monitoring of serum methotrexate levels
Hyper-CVAD	• Cycles 1, 3, 5, and 7 (3-4 weeks between cycles): • Cyclophosphamide 300 mg/m^2 IV over 2 hours every 12 hours for 6 doses • Mesna 600 mg/m^2/day continuous infusion on days 1-3, starting 1 hour before cyclophosphamide • Vincristine • Doxorubicin 50 mg/m^2 IV on day 4 • Dexamethasone • Cycles 2, 4, 6, and 8 (3-4 weeks between cycles): • Methotrexate 200 mg/m^2 IV over 2 hours followed by 800 mg/m^2 IV over 22 hours on day 1 plus • Cytarabine 3 g/m^2 (1 g/m^2 for patients older than 60 years) IV over 2 hours every 12 hours for four doses starting on day 2 • Leucovorin 15 mg every 6 hours for eight doses beginning 12 hours after the completion of methotrexate infusion, and increased to 50 mg IV every 6 hours if methotrexate levels are >20 µmol/L at 0 hour, are >1.0 µmol/L at 24 hours, or are >0.1 µmol/L at 48 hours after the end of methotrexate infusion, until levels are <0.1 µmol/L plus • Methylprednisolone 50 mg	Lymphoma Leukemia	• Coordination of multiple infusions or multiple drugs over 96 hours • Bladder irrigation with cyclophosphamide • Close monitoring of serum methotrexate levels

The following are clinical conditions or complications of cancer chemotherapy which, when present, may require an observation stay:

- Known hypersensitivity reactions from previous infusion

- Congestive heart failure or chronic renal failure requiring high volume fluid infusions
- Transcatheter arterial chemoembolization (TACE) or intra-arterial chemotherapy infusion
- Comorbidities that require an observation or overnight stay
- Cancer chemotherapy administered during a hospitalization for an unrelated problem

The following are clinical conditions which require an inpatient hospital stay:
- Acute leukemia
- Intra-arterial infusion of chemotherapy
- Prophylaxis of tumor lysis syndrome in cases of high grade lymphoma with large masses
- Comorbidities that require an inpatient stay

Conditions requiring observation or inpatient hospital treatment other than those noted above will be reviewed on a case-by-case basis.

For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, LOC: Acute Adult Hematology/Oncology: Chemotherapy.

Click here to view the InterQual® criteria.

Additional Review Points

- A written protocol will be expected to be followed by the provider administering the chemotherapy drug.
- Any requests for an extension of the inpatient stay beyond the recommended day(s) must be clinically reviewed.

References

Chemocare (Cleveland Clinic Foundation). http://www.chemocare.com/bio/interleukin.asp. Accessed January 22, 2020.

Drugs at FDA. http://www.accessdata.fda.gov/scripts/cder/daf/. Accessed January 22, 2020.

Medicare Benefit Policy Manual, Chapter 6 – Hospital Services Covered under Part B, section 20.6 – Outpatient Observation Services, A. Outpatient Observation Services Defined. http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c06.pdf. Accessed January 22, 2020.

Guideline History/Revision Information

Date	Summary of Changes
07/01/2021	• New Utilization Review Guideline

Instructions for Use

This Utilization Review Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Utilization Review Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.