

NHIA Statement on Commercial Payer Coverage for Home Infusion of COVID-19 Monoclonal Antibodies

Alexandria, Va. (April 2, 2021) – The [National Home Infusion Association](https://www.nhia.org/) is concerned that some commercial insurance plans have not yet implemented coverage policies for home administration of COVID-19 monoclonal antibodies.

For decades, patients with employer-based insurance plans have benefited from a robust, pharmacy-led home infusion model that ensures equitable access to infused therapies. Commercial plans have historically embraced innovative home-based care models, such as home infusion, allowing millions of patients to receive treatment at home each year and avoid lengthy hospital and skilled facility stays.¹ Commercial plans offer near-universal and efficient coverage for these services and subsequently improve the quality of life for their beneficiaries while achieving overall cost savings for the plan.²

While extraordinary progress is being made with vaccinations for SARS-CoV-2, many adults and children with risk factors for severe COVID-19 disease continue to experience infection, hospitalization, and even death. Recent evidence shows that early treatment with monoclonal antibodies authorized by the Food and Drug Administration for emergency use can reduce rates of hospitalization, emergency department use, and death by between 70 and 87% (Eli Lilly) and 70% (Regeneron).^{3,4} Additionally, real-world experience with these agents has shown they are well-tolerated and that patients experience few adverse events.⁵

Despite growing evidence of their benefits, access to COVID-19 monoclonal antibodies has not been seamless in most communities. Home infusion pharmacists and nurses are uniquely experienced in the safe administration of biologic therapies in the home setting. NHIA believes that home infusion providers are an under-utilized resource in the battle to prevent severe COVID-19 disease and calls on commercial payers to add coverage for these life-saving treatments to their home infusion policies.

¹ *Home Infusion Industry Trends 2020*. (2020). National Home Infusion Association.

² Polinski, J. M., Kowal, M. K., Gagnon, M., Brennan, T. A., & Shrank, W. H. (2017). *Home infusion: Safe, clinically effective, patient preferred, and cost saving*. *Healthcare*, 5(1-2), 68-80. doi:10.1016/j.hjdsi.2016.04.004

³ *Lilly's bamlanivimab and etesevimab together reduced hospitalizations and death in Phase 3 trial for early COVID-19*. (2021, March). Eli Lilly and Company, <https://investor.lilly.com/news-releases/news-release-details/lillys-bamlanivimab-and-etesevimab-together-reduced>.

⁴ *Phase 3 trial shows REGEN-COV™ (casirivimab with imdevimab) antibody cocktail reduced hospitalization or death by 70% in non-hospitalized COVID-19 patients*. (2021, March). Regeneron, <https://newsroom.regeneron.com/news-releases/news-release-details/phase-3-trial-shows-regen-covtm-casirivimab-imdevimab-antibody>.

⁵ *A Home Infusion Program for Administration of Bamlanivimab in High-Risk Settings*. National Home Infusion Association. (2021, February). National Home Infusion Association, https://www.nhia.org/wp-content/uploads/2020/03/NHIA-SPEED-SUMMARY_FINAL_020921.pdf.

NHIA conducted a study on the cost of administering bamlanivimab in the home in February 2021 and determined that the administration fee currently established by the Centers for Medicare and Medicaid (CMS) is based on administration in facility settings where providers have the advantage of economies of scale. The current CMS rate of approximately \$310 is insufficient to cover the additional cost to administer a one-time infusion of COVID-19 antibodies in the home setting.³ NHIA, therefore, encourages payers to work with the home infusion pharmacies in their networks to establish a fair reimbursement rate that considers the value to the plan from preventing hospitalizations and ensures providers can cover their costs.

Summary of costs for providing bamlanivimab at home

Service or Product Description	Cost (Range)
Onboarding - assessment and coordination	\$108 - \$420
Other Pharmacy Services (i.e., compounding, dispensing)	\$75 - \$300
Direct Costs (i.e., administration supplies, PPE, anaphylaxis kits, delivery)	\$70 - \$313
Nursing Services	\$180 - \$560
General Administration & overhead (35%)	\$151
Total	\$584 - \$1,746

Source: *A Home Infusion Program for Administration of Bamlanivimab in High-Risk Settings*. National Home Infusion Association. (2021, February). National Home Infusion Association, https://www.nhia.org/wp-content/uploads/2020/03/NHIA-SPEED-SUMMARY_FINAL_020921.pdf.

With more and more seniors being successfully vaccinated against COVID-19, there is an urgent need to address treatment options for younger adults and children at high-risk for severe disease. NHIA calls on commercial plans to ensure patients have equitable access to these important treatments.

For more information about home infusion provider capabilities to provide monoclonal antibodies for COVID-19, or for questions related to this statement, please contact Connie Sullivan connie.sullivan@nhia.org.

NHIA is a trade association that represents companies that provide infusion therapy to patients in their homes and companies that manufacture and supply infusion and specialty pharmacy products. Infusion therapy involves patient-specific compounded medications, supplies, and a range of pharmacy, nursing, and other clinical services for delivering care to patients in the home setting. For more information, visit www.nhia.org.

###