

Utilization Management and Clinical Medical Policy

Policy Name: Corticosteroid – Parenteral Administration in Home Setting	Policy Number: MP-ME-FP- 08-25	Scope: ☒ MMM MA ☒ MMM MultiHealth	Origination Date: 08/22/2025 Last Review Date: 08/20/2026	Effective Date: 08/20/2026 Frequently Revision: Annual
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Service Category:

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| ☐ Anesthesia | ☒ Medicine Services and Procedures |
| ☐ Surgery | ☐ Evaluation and Management Services |
| ☐ Radiology Procedures | ☐ DME/Prosthetics or Supplies |
| ☐ Pathology and Laboratory Procedures | ☐ Other: _____ |

Service Description:

Corticosteroids are used to manage acute and chronic inflammatory conditions, including autoimmune diseases, exacerbations of pulmonary disorders, and oncologic complications. When appropriate, administration in the home setting may improve patient convenience, reduce healthcare costs, and minimize exposure to hospital-associated infections [\[1-2\]](#).

This Internal Coverage Criteria (ICC) policy establishes the Plan’s clinical coverage criteria for parenteral corticosteroid administration in the home setting pursuant to 42 CFR §422.101(b)(6), when applicable Medicare coverage requirements do not establish fully defined clinical criteria for the requested service. The criteria are informed by current FDA-approved prescribing information, applicable Medicare coverage requirements, and evidence-based clinical standards. These criteria apply to prior authorization review, concurrent review, and retrospective review activities, as applicable. Coverage determinations are additionally subject to applicable Medicare benefit requirements and the “reasonable and necessary” standard under §1862(a)(1)(A) of the Social Security Act.

This policy applies to the intravenous home administration of systemic corticosteroids in patients with acute or chronic conditions that require anti-inflammatory or immunosuppressive management, when the oral route is not feasible and it is necessary to continue therapy outside the hospital setting.

- Corticosteroids included:
- Methylprednisolone (Solu-Medrol®)
- Hydrocortisone (Solu-Cortef®)
- Dexamethasone (Decadron®)

General note:

Any use outside the indications or criteria established in this policy must be evaluated in accordance with applicable Medicare coverage requirements, current Medical Policies, Pharmacy Department criteria, and member-specific benefit requirements, as applicable.

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Background Information:

Corticosteroid therapy, also known as corticosteroid therapy, involves the use of corticosteroid medications to treat various inflammatory and autoimmune conditions. Corticosteroids are synthetic drugs that mimic the effects of hormones produced by the adrenal glands. They are potent anti-inflammatory and immunosuppressive agents. Common corticosteroids include prednisone, dexamethasone, and hydrocortisone. Common indications for corticosteroids, by field, include the following [1]:

- Allergy and pulmonology: asthma exacerbation, COPD exacerbation, anaphylaxis and urticaria
 - Dermatology: contact dermatitis, pemphigus vulgaris
 - Endocrinology: adrenal insufficiency, congenital adrenal hyperplasia
 - Gastroenterology: inflammatory bowel disease, autoimmune hepatitis
 - Hematology: hemolytic anemia, leukemia, lymphoma, idiopathic thrombocytopenic purpura
 - Rheumatology: rheumatoid arthritis, systemic lupus erythematosus, dermatomyositis,
 - Ophthalmology: uveitis, keratoconjunctivitis
 - Others: organ transplantation, nephrotic syndrome, cerebral edema, multiple sclerosis.
- While effective, corticosteroids can have side effects, especially with long-term use. These can include weight gain, high blood pressure, diabetes, osteoporosis, increased risk of infections, and mood swings. It is important to use corticosteroids under the supervision of a healthcare professional to manage these risks.

Ali Gamal and colleagues in their study validate that the efficacy of corticosteroid therapy must be balanced against its potential risks, but its prolonged use or high doses of corticosteroids can lead to significant side effects, such as osteoporosis, diabetes, hypertension, adrenal suppression and increased susceptibility to infections and these adverse effects underscore the importance of careful patient selection, an adequate dose and continuous follow-up throughout the course of treatment [1].

The JAMA Network is a network of 13 peer-reviewed journals that validate low-dose corticosteroid treatment in their study and is associated with decreased mortality in patients with severe COVID-19 infection, severe community-acquired bacterial pneumonia, and moderate to severe *Pneumocystis* pneumonia (in patients with HIV). Low-dose corticosteroids may also benefit critically ill patients with respiratory infections who have septic shock, acute respiratory distress syndrome, or both [3].

According to a study by Chataway and colleagues indicating that intravenous steroids are routinely used to treat disabling relapses in multiple sclerosis and can be administered in an outpatient or home setting, they developed a rating scale that allowed us to compare the two strategies formally in a test setting. Treatment of relapses in multiple sclerosis with intravenous steroids can be administered effectively and safely at home, both from a patient and economic point of view. In addition, the trial indicates the importance of having explicit and valid outcome measures of all aspects of service delivery when making decisions about health policy [4].

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Guidelines and labels for the FDA indicate that when oral therapy is not feasible, and the strength, dosage form, and route of administration of the drug reasonably lend the preparation to the treatment of the condition, the intravenous or intramuscular use for injection is indicated [\[9-11\]](#).

Long-term treatment with high-dose corticosteroids causes toxic effects that can be life-threatening. In addition to oral and parenteral administration, transdermal and inhaled corticosteroids have some systemic absorption and may cause similar adverse effects. Patients should be informed in detail of the main possible side effects of treatment and prolonged high doses of corticosteroids also increase the risk of hypertension, dyslipidemia, myocardial infarction, stroke, atrial fibrillation or flutter and HF. Gastric ulceration is more common with high doses of corticosteroids, particularly when patients are taking NSAIDs at the same time. They validate that, in order to reduce risks, the dose and duration of corticosteroid administration should be minimized [\[5\]](#).

Medicare Benefit Framework

Medicare coverage of medication administration in the home depends on the applicable Medicare benefit and the circumstances under which the service is furnished. Medicare Benefit Policy Manual, Pub. 100-02, Chapter 7, Section 40.1.2.4 addresses administration of medications under the Home Health benefit and recognizes that intravenous, intramuscular, and subcutaneous injections and infusions may require skilled nursing services when reasonable and necessary. Under this framework, the medication must be an accepted treatment for the patient's condition, there must be a medical reason that the medication cannot be taken orally, and the frequency and duration must be consistent with accepted standards of medical practice or otherwise clinically justified.

Home Health eligibility requirements apply when the requested service is furnished under the Medicare Home Health benefit and should not independently be interpreted as universal clinical medical necessity requirements for every parenteral corticosteroid administered in the home setting.

This policy establishes clinical medical necessity criteria and does not independently establish Medicare benefit eligibility, reimbursement, coding, or qualification of a medication under another Medicare home-based benefit. [\[10-11\]](#).

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Medical Necessity Guidelines:

The short-term parenteral administration of corticosteroids should be supported by documented medical necessity and clinical appropriateness and should be conducted according to appropriate standards for preparation, monitoring, and transition to oral therapy, when clinically indicated [7–9]. [\[7-9\]](#)

A. Clinical Medical Necessity Criteria:

Home administration of a parenteral corticosteroid may be considered medically necessary when **ALL** of the following criteria are met:

- The medication is prescribed by a physician or other qualified healthcare professional; **and**
- The patient has a documented diagnosis or clinical condition requiring treatment with a parenteral corticosteroid; **and**
- There is a documented clinical reason why the oral route is not feasible, safe, effective, or clinically appropriate; **and**
- The patient is clinically stable, and the medication can be safely administered in the home setting with the level of clinical monitoring and professional supervision required for the prescribed therapy; **and**
- The medication, dose, route, frequency, and duration are consistent with applicable FDA labeling and/or accepted standards of medical practice, as clinically appropriate.

B. Medicare Home Health Benefit Requirements:

When the requested service is furnished under the Medicare Home Health benefit, the beneficiary must also meet all applicable Medicare Home Health eligibility and coverage requirements, including, as applicable:

- The beneficiary is confined to the home (homebound); **and**
- The beneficiary is under the care of a physician or allowed practitioner; **and**
- Services are furnished under an established and periodically reviewed plan of care; **and**
- The beneficiary requires qualifying skilled services.

These requirements apply specifically when the service is furnished under the Medicare Home Health benefit and are separate from the clinical medical necessity criteria established in Section A.

C. Drug-Specific Clinical Information

The following drug-specific information summarizes applicable indications, dosage and administration considerations for the parenteral corticosteroids addressed by this policy. Treatment must be consistent with applicable FDA-approved prescribing information and/or accepted standards

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of medical practice, as clinically appropriate. Medication Presentation List as directed and recommended by the *National Home Infusion Association* , (NHIA,2025):

Medication (generic-brand)	Indication and Usage	Dosage and administration	Source
Methylprednisolone - Solu-Medrol®	• Allergic • Dermatological diseases • Endocrine disorders • Intestinal diseases • Hematologic disorders (IV alone, IM contraindicated) • Neoplastic diseases • Nervous system • Eye diseases • Kidney conditions • Respiratory diseases • Rheumatic disorders	• High-dose pulse therapy: 30 mg/kg IV administered in ≥ 30 min, repeatable every 4–6 h for up to 48 h (maximum 72 h) if the condition persists. • Standard starting dose in other indications: usually 10–40 mg IV or IM, individualized according to clinical condition; In critical situations, higher doses than the usual oral dose may be warranted. • Pediatric dose: 0.11–1.6 mg/kg/day in 3–4 divided doses (3.2–48 mg/m²/day), adapted according to clinical response. • Gradual reduction and adjustments: after achieving a favorable response, reduce the dose in small increments to the effective minimum; avoid abrupt discontinuation after prolonged therapy. Adjust for changes in illness or clinical stress. • Cardiac caution: avoid boluses > 0.5 g in less than 10 min, due to the risk of arrhythmias or cardiac arrest.	FDA Label [7]

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Dexamethasone-Decadron®	• Endocrine disorders • Rheumatic diseases • Collagen diseases • Dermatologic al diseases • Severe allergic states • Ophthalmologic al diseases • Gastrointestinal Diseases • Respiratory diseases • Hematologic al disorders • Neoplastic diseases • Edema and proteinuria • Nervous system	• Initial dose: varies depending on the disease, usually between 0.5 to 9 mg/day IV or IM, in divided doses every 12 h (equivalent to 1/3–1/2 of the oral dose). • Refractory shock: high doses of 1–6 mg/kg IV as a single dose or start with 40 mg IV followed by repetition every 2–6 h if shock persists. • Cerebral edema (adults): start 10 mg IV, followed by 4 mg IM every 6 h until improvement (usually in 12–24 h), continue postoperative for several days, then oral taper in 57 days. • Acute exacerbations of multiple sclerosis: equivalent doses per PO, prednisolone 200 mg/d for one week followed by 4–8 mg dexamethasone every other day for one month. • Adjustments: initial dose maintained or adjusted until clinical response; if there is no adequate response, discontinue and re-evaluate therapy. • Progressive taper: after clinical improvement, gradually decrease to the lowest effective level. Adjust for remission/exacerbation, stress, or clinical changes. Gradual discontinuation after prolonged treatment.	FDA Label [8]	
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Hydrocortisone-Cortef®	• Severe allergic • Dermatological diseases • Endocrine disorders • Gastrointestinal diseases • Hematological disorders • Neoplastic diseases • Nervous system • Ophthalmological diseases • Kidney diseases • Respiratory diseases	• Initiation of therapy: administer 100–500 mg IV over 30 sec to 10 min, depending on clinical severity. • Repeat doses: every 2, 4 or 6 h depending on the patient's clinical response. • Maximum duration: usually no more than 48–72 h; if extended, it can cause hypernatremia. In that case, switching to methylprednisolone for lower sodium retention is recommended. • Maintenance and adjustment: after stabilization, progressively reduce the dose to the lowest effective level	FDA Label [9]
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Not Medically Necessary:

Home administration of parenteral corticosteroids will **not be considered medically necessary** in the following circumstances:

1. Functional oral route availability: When the patient can safely and effectively tolerate and absorb oral medications.
2. **Absence of an appropriate clinical indication:** When there is no documented condition supporting the medical necessity of parenteral corticosteroid therapy.
3. Request based solely on patient preference or logistical convenience, with no clinical judgment justifying home parenteral administration.

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Limits or Restrictions:

1. This service requires evaluation and coverage determination in accordance with applicable medical necessity criteria and benefit requirements.

2. Table of contraindications and warnings:

Medication (generic-brand)	Contraindication	Warnings	Source
Methylprednisolone-Solu-Medrol®	• Systemic fungal infections. • Hypersensitivity to the product or its components. • 40 mg vial contains lactose from cow's milk: avoid in patients with allergy to dairy products. • Intrathecal or epidural administration: serious neurological events reported (spinal infarction, paralysis, cortical blindness, stroke). • Presentations with benzyl alcohol: contraindicated in preterm infants. • Intramuscular preparations: Do not use in idiopathic / idiopathic thrombocytopenic purpura.	Fatal neurological events with epidural route; not approved for this route.	FDA Label [7]
Dexamethasone-Decadron®	• Systemic fungal infections.	• Cardio-renal: Average and large doses of corticosteroids can cause elevation of blood pressure, salt and water retention, and increased excretion of potassium.	FDA Label [8]

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Hydrocortisone-Cortef®	• Contraindicated in systemic fungal infections. • Contraindicated in patients with known hypersensitivity to the product or its components (including its excipient). • Intramuscular: contraindicated in idiopathic thrombocytopenic purpura (since it should not be used IM in this condition). • Intrathecal or epidural route: contraindicated for use due to reports of serious neurological events associated with these routes.	• Serious Neurologic Adverse Reactions with Epidural Administration Cardio-renal: Average and large doses of corticosteroids can cause elevation of blood pressure, salt and water retention, and increased excretion of potassium.	FDA Label [9]
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11. Centers for Medicare & Medicaid Services. Medicare Benefit Policy Manual, Pub. 100 02, Chapter 7 – Home Health Services; section 40.1.2.4 Administration of Medications (Rev. 1, 10 01 03). Baltimore: CMS.

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Policy History:

Type of Review	Summary of Changes	P&T Approval Date	UM/CMPC Approval Date
Annual Review	Policy reviewed for continued clinical and regulatory applicability. Clarified the Medicare benefit framework to distinguish clinical medical necessity criteria from Medicare Home Health eligibility and coverage requirements. Medical necessity criteria were reorganized and refined to consolidate existing clinical requirements and incorporate additional considerations for clinical stability, safe administration in the home setting, required monitoring and professional supervision, and consistency with applicable FDA labeling and accepted standards of medical practice. Medicare Home Health eligibility and coverage requirements were retained as applicable when the requested service is furnished under the Medicare Home Health benefit. Drug-specific clinical information was reviewed for consistency with applicable FDA prescribing information. Minor administrative, coding, reference, and formatting updates were incorporated, as applicable. No material change was made to the overall scope or corticosteroid therapies addressed by the policy.	Not required	08/20/2026
Superseded	This policy MP-ME-FP-08-25 replaces version MP-ME-FP-01-24, which is archived for reference and/or audit purposes. This policy establishes clinical and coverage criteria for home parenteral administration of corticosteroids. It replaces a previous version that addressed methylprednisolone sodium succinate alone (Solu-Medrol) and has been completely updated to reflect a category to medications-based approach, consistent with current clinical guidelines and regulatory expectations from CMS & FDA and professional societies.	Not required	8/22/2025