Title: Medical injectable medications covered under the pharmacy benefit
Policy #: Rx.04.6

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

[.intent]

The intent of this policy is to describe circumstances when injectable medications typically covered under the medical benefit may be covered under the member's prescription drug benefit.

[description]

Injectable drugs indicated for administration by a healthcare professional are covered under the medical benefit. There are times when an exception is requested to cover such drugs under the member’s prescription drug benefit where they are otherwise excluded.

[Policy]

Coverage is subject to the terms, conditions, and limitations of the member's contract.

The following medications are covered under the medical benefit:

A. Cyanocobalamin (vitamin B12) injection
B. Heparin injection
C. Hydrocortisone injection
D. Methotrexate injection (vials)
E. Testosterone injection

A benefit exception will be made to cover a product in the above listed medications under the prescription drug benefit when ALL of the following are met:

A. The requested drug is being used for a Food and Drug Administration approved indication or compendium supported indication as outlined in the experimental and investigative policy; and
B. The prescriber assumes responsibility for teaching the member proper preparation, administration and disposal; and
C. The prescriber provides a statement indicating the reason prescription drug benefit products are not an option, and
D. ONE of the following:
   1. Provider does not stock the requested medication and it is not available via the Direct-Ship program provided by the plan; or
   2. Access at the provider’s office is not feasible due to frequency of administration

Coverage is subject to the terms of the member’s prescription drug benefit, including but not limited to cost-share.

**References:**
N/A

**Cross References:**
Experimental/ Investigational Use Rx.01.33

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<td>April 1, 2018</td>
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<td>Next Required Review Date:</td>
<td>January 11, 2019</td>
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