

Effective Date: 1/2020
Reviewed: 1/2020, 11/2020, 01/2021, 6/2022
Scope: Commercial

Medical Benefit Only Policy

PURPOSE: To identify medications that are only covered through the member's medical benefit for administration in a clinician's office, outpatient setting, or by the home infusion therapy provider. The medications listed below will be covered with prior authorization when clinical criteria is met under the medical benefit.

Members and providers will receive a 60-day advance notification of the change in benefit coverage if the member has obtained the medication under the pharmacy benefit within the previous 180 days.

SCOPE: Medicaid

POLICY STATEMENT:

1. The following pharmaceutical products are covered and available exclusively on the Medical Benefit:
 - a. Infliximab Products
 - b. Hyaluronic Acid Products
 - c. Immune Globulin Agents (Intravenous and Subcutaneous)
 - d. Provider-administered contraceptives such as intrauterine devices (e.g. Mirena, Skyla, Kyleena) or subdermal implants (e.g. Nexplanon)