



Administrative Policy Statement KENTUCKY MARKETPLACE

Policy Name	Policy Number	Date Effective
Drugs Requiring Professional Administration	PAD-0052-KY-MPP	07/02/2020
Policy Type		
Medical	ADMINISTRATIVE	Pharmacy
		Reimbursement

Administrative Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

Drugs that require professional administration will only be considered for coverage under the medical benefit:

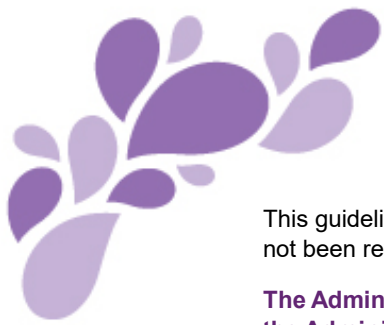
Drugs Requiring Professional Administration

For authorization:

All medications that require professional administration by a physician or other healthcare professional must be billed under the medical benefit. These medications will not be available through a retail pharmacy but can be obtained from contracted specialty pharmacies. Contracted specialty pharmacies will bill CareSource under the member's medical benefit, and the member's medical cost share, if any, will apply. For a complete list of medications that fall under this requirement, please refer to the [Medical Benefit Drug List](#). For individual drug policies, please refer to the [current pharmacy policies page](#).

Review/Revision History

DATES		ACTION
Date Issued	11/1/2017	
Date Revised	05/29/2020	Transferred policy to new template and corrected the hyperlinks.
Date Effective	07/02/2020	Approved by VAC
Date Archived		



This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

The Administrative Policy Statement detailed above has received due consideration as defined in the Administrative Policy Statement Policy and is approved.

Independent medical review – 2/2015