

## ADMINISTRATIVE POLICY STATEMENT KENTUCKY MEDICAID

<b>Original Issue Date</b>	<b>Next Annual Review</b>	<b>Effective Date</b>
11/01/2017	04/01/2020	04/01/2019
<b>Policy Name</b>		<b>Policy Number</b>
Drugs Requiring Professional Administration		AD-0053
<b>Policy Type</b>		
Medical	<b>ADMINISTRATIVE</b>	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 Humana — 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
<b>Date Issued</b>	11/01/2017	New Policy.
<b>Date Revised</b>		
<b>Date Effective</b>	04/01/2019	

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