

Pharmacy Benefit Determination Policy

Policy Subject: Specialty & High Cost Agents	Dates:
Policy Number: SHS PBD01	Effective Date: January 1, 2017
Category: Various	Revision Date: May 18, 2017
Policy Type: <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Pharmacy	Approval Date: July 6, 2017
Department: Pharmacy	Next Review Date: February 2018
Product (check all that apply):	Clinical Approval By:
<input checked="" type="checkbox"/> Group HMO/POS	Medical Directors
<input checked="" type="checkbox"/> Individual HMO/POS	PHP: Peter Graham, MD; SPHN: Harman Nagler, MD
<input checked="" type="checkbox"/> PPO	Pharmacy and Therapeutics Committee
<input checked="" type="checkbox"/> ASO	PHP: Peter Graham, MD; Sparrow ASO: Harman Nagler, MD

Policy Statement:
Physicians Health Plan and PHP Insurance & Service Company and Sparrow PHP, will cover Specialty & high cost agents through the Medical or Pharmacy Benefit based on approval by the Clinical Pharmacist or Medical Director using the following determination guidelines:

Drugs and Applicable Coding:
J-code: As determined by the plan


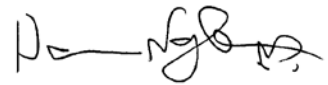

Clinical Determination Guidelines:
Document the following with chart notes:
<p>A. Definition</p> <ol style="list-style-type: none"> 1. Specialty Agent <ol style="list-style-type: none"> a. General definition: Typically high-cost drugs, including but not limited to the oral, topical, inhaled, inserted or implanted, & injected routes of administration. <ul style="list-style-type: none"> • Treat & diagnose rare or complex diseases • Require close clinical monitoring & management • Frequently require special handling • May have limited access or distribution b. Plan definition: <i>The Specialty Medications List</i> is determined & modified as needed by the plan. 2. High Cost Agent: Requires cost override per plan specified threshold <p>B. Supply Limits</p> <ol style="list-style-type: none"> 1. Dispense & authorize \leq 1 mon. supply for retail and mail claims. 2. Exceptions: $>$1 mon. supply dependent on drug package size & dosing frequency <p>C. Copay:</p> <ol style="list-style-type: none"> 1. Subject to a 1 month copay; 2. Proration of a co-pay will only apply based upon member's pharmacy benefit design

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References and Resources:

1. Coventry Health Care Pharmacy Services: Specialty Medication www.coventryil.coventryhealthcare.com/web/groups/public/@cvty_regional accessed on 10/3/16
2. Specialty medication administration – Site of care review guidelines. UnitedHealthcare Oxford clinical policy 1/1/16.

Approved By:

	7/6/17
Peter Graham, MD – PHP Executive Medical Director	Date
	<u>7/6/17</u>
Harman Nagler, MD – SPHN Executive Medical Director	Date
	7/6/17
Human Resources	Date