

MEDICAL REVIEW GUIDELINE

New to Market Criteria for Coverage



Clinician-Administered Drugs Approval

Effective Date: 04/01/2024

Medical Care Management Committee Approval: 01/18/2024

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Coverage Policy

This Medical Review Guideline (Guideline) is provided for informational purposes only and does not constitute medical advice. It is intended solely for the use of Community Health Choice, Inc. (Community) clinical staff as a guideline for use in determining medical necessity of requested procedures, medications and therapy. This Guideline does not address eligibility or benefit coverage. Other Policies and Coverage Determination Guidelines may apply. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Medical Review Guideline. If there is a discrepancy between this Guideline and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern. Community reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

This policy applies to all medications that meet the following, but do not have an otherwise established utilization management strategy or criteria available:

- Approved by the U.S. Food and Drug Administration (FDA) for the requested indication
- Administered by a healthcare provider
- Reimbursed under the member's medical benefit
- Applicable to Medicare and Marketplace plans

Community will use FDA approved labeling to make medical necessity determination for clinician-administered products where no other criteria or policies are in place.

Policy Revision History

Status	Effective Date	Description
Baseline	04/01/2024	Initial version of Clinician-Administered Drugs Approval policy