**INJECTABLE MEDICATION COVERAGE**

**Policy**

VCHCP covers injectable medications when an appropriate oral alternative drug does not exist.

This coverage includes those medications intended to be self administered.

The medication must be medically necessary and appropriate to the member’s needs or condition.

Experimental or investigational drugs or drugs that have not been proven safe and effective for a specific disease or approved for a mode of treatment by the FDA and/or the NIH are not covered. This provision does not exclude coverage of the “off label” use of otherwise FDA approved prescribed medications.

Drugs related to the treatment of non-covered services are not covered. Infertility injectables are covered only when required by regulation or covered by a specific benefit design. Steroids are not covered for athletic performance enhancement.

Certain classes of injectable medications are not covered:

1. Anabolic Steroids When Used for Athletic Performance Enhancement
2. Infertility Injectables, unless otherwise approved

Notes: All injectables with the exception of Insulins, epinephrine, headache medications, medroxyprogesterone acetate and approved immunization products require prior authorization. Additionally, appropriate copay apply as defined by Plan’s Pharmacy Benefit Structure.

**Procedure:**

A treatment authorization request (TAR) must be submitted to UR for approval by the UR physician or Medical Director.

A. **Attachments:** None

B. **History:**

   Reviewers: Richard O. Ashby MD, QA Committee; Date: July 2001
   Reviewed/Revised: C. Wilhelmy MD & L. Catapang RN; Date: Aug 2005
   Committee Review: UM: August 8, 2005; QAC: August 23, 2005
   Reviewed/Revised: Albert Reeves MD; Date: 11/1/11
Medical Policy: **Injectable Medication Coverage**

Effective July 17, 2001
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Reviewed/Updated: 05/27/14

Committee Review: UM Committee on 11/10/11 & QA on 11/22/11
Reviewed/No Changes: Albert Reeves, MD; Date: 4/17/12
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Reviewed/No Changes: Catherine Sanders, MD
Reviewed/Updated: Catherine Sanders, MD
Committee Review: UM: May 8, 2014; QAC: May 27, 2014
Reviewed/No Updates: Catherine Sanders, MD
Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD
Reviewed/Updated by: Catherine Sanders, MD & Robert Sterling, MD
Reviewed/Updated by: Catherine Sanders, MD & Robert Sterling, MD
Committee Review: UM: February 8, 2018; QAC: February 27, 2018
Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
Committee Review: UM: February 14, 2019; QAC: February 26, 2019
Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD

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<tr>
<th>Revision Date</th>
<th>Content Revised (Yes/No)</th>
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<tr>
<td>2/9/17</td>
<td>Yes</td>
<td>Catherine Sanders, MD; Robert Sterling, MD</td>
<td>Annual Review; updated to reflect addition of epinephrine, headache medications, medroxyprogesterone acetate and removal of Imitrex – as exceptions to injectables requiring prior authorization</td>
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<td>2/8/18</td>
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<td>Catherine Sanders, MD; Robert Sterling, MD</td>
<td>Annual Review</td>
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C. References:


