

# DRUG DETERMINATION POLICY

**Title:** DDP-45 Specialty and High-Cost Agents

**Effective Date:** 05/02/2022



Physicians Health Plan  
PHP Insurance Company  
PHP Service Company

## Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

### 1.0 Policy:

This policy describes the determination process for coverage of specific drugs.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

### 2.0 Background or Purpose:

The Health Plan covers specialty and high-cost agents through either the medical or outpatient prescription drug benefit based on approval using criteria developed and implemented to ensure appropriate use for the intended diagnoses and mitigation of toxicity, if possible.

### 3.0 Clinical Determination Guidelines:

Document the following with chart notes:

#### A. Specialty Agents:

1. General definition: typically high-cost drugs, including but not limited to, oral, topical, inhaled, inserted or implanted and injected routes of administration:
  - a. To treat and diagnose rare or complex diseases.
  - b. That require close clinical monitoring and management.
  - c. That frequently require special handling.
  - d. That may have limited access or distribution.
2. Health Plan definition: the Specialty Medications List is determined and modified as needed by the Health Plan.

B. High-Cost Agent: requires cost override per Health Plan specified threshold.

C. Supply limits.

1. Dispense and authorize up to one month supply for retail and mail-order claims.
2. Exceptions: more than one month supply dependent on drug package size and dosing frequency.

D. Copay:

1. Subject to a one month copay.
2. Proration of copay only applies based on member's outpatient prescription drug plan.

**4.0 Coding:**

None.

**5.0 References, Citations & Resources:**

[CVS Specialty Pharmacy Drug List accessed 3/20,](https://www.caremark.com/portal/asset/Specialty_Drug_List.pdf)  
[https://www.caremark.com/portal/asset/Specialty\\_Drug\\_List.pdf.](https://www.caremark.com/portal/asset/Specialty_Drug_List.pdf)

**6.0 Appendices:**

None.

**7.0 Revision History:**

Original Effective Date: 01/01/2017

Next Review Date: 03/24/2023

<b>Revision Date</b>	<b>Reason for Revision</b>
3/20	Reactivated policy, replaced abbreviations, changed references
2/21	Annual review; formatting; approved at 4/28/21 P&T
02/23/2022	Annual review, formatting