



9/5/2023

## Medication Restriction List

The following guidance describes rules for select drugs when coverage is restricted to a specific care setting.

### Care Settings:

- **Institutional claims (IC)** are billed on an 837I/UB-04, must be eligible for drug rebate\*, and are not held to specific rules of drug restriction. Claims are paid per Diagnosis-Related Group (DRG) or Ratio Cost to Charge (RCC) methodology based on whether the drug was administered in the inpatient or outpatient care setting, respectively.
  - Dialysis institutional claims are an exception. Please see Policy 1A-34
- **Professional claims (PC)** are billed on an 837P/CMS 1500, must be eligible for drug rebate\*, and are subject to the Physician Administered Drug Program Fee Schedule. Diagnosis editing is applied.
- **Point of Sale claims (POS)** are billed through the outpatient pharmacy at time of dispensing, must be eligible for drug rebate\*, and are held to specific rules of drug restriction such as prior authorization, clinical criteria, and quantity limits. POS claims are paid per reimbursement logic defined in the State Plan Amendment. This care setting includes specialty pharmacies.

\*Any exceptions allowed for rebate eligibility are described in clinical policy 1B and 9 and available under [Program Specific Clinical Coverage Policies](#).

### Drugs Restricted to POS:

- “Restricted” injectable products, which are administered by providers in the professional setting are covered ONLY on POS claims with prior authorization and/or clinical criteria being applied. These drugs are “restricted” to POS dispensing.
- For these restricted drugs, when billed in the Professional setting on a PC, the drug must be obtained from a POS pharmacy. The drug is paid as a POS claim. Only the administration fee is billable on the PC.
  - Drugs billed on ICs are not “restricted” to POS dispensing; however, an institution may choose to procure a drug from a POS pharmacy to be administered in the institutional setting. Prior authorization or clinical criteria will apply. Only the administration charge would be billed by IC.

<b>Drugs ONLY payable on Professional and Institutional claims</b> <b>(NOT Payable on Point of Sale (POS) Claims)</b>	
Professional and Institutional Claims	Institutional Claims
<ul style="list-style-type: none"> <li>• Spravato®</li> <li>• Crofab®</li> <li>• Spinraza®</li> <li>• Luxturna®</li> </ul> <p>Please see the <a href="#">PADP Catalog</a> for a full list of covered drugs for professional claims.</p>	<ul style="list-style-type: none"> <li>• <a href="#">Policy 11A-17 - Car-T Cell Therapy</a> applies for the following: <ul style="list-style-type: none"> <li>○ Carvykti®</li> <li>○ Kymriah®</li> <li>○ Yescarta®</li> <li>○ Abecma®</li> <li>○ Breyanzi®</li> <li>○ Tescartus®</li> </ul> </li> <li>• Rethymic® is covered per <a href="#">Policy 11B-9 Thymus Tissue Implantation</a></li> <li>• Zulresso®</li> <li>• Zynteglo®</li> <li>• Skysona®</li> </ul>

<b>Drugs Payable on POS and Institutional Claims</b> <b>(NOT Payable on Professional Claims)</b>			
No PA/CC required	Drug-Specific PA Form	Standard PA Form	PA with Special Circumstances
Haegarda®	<ul style="list-style-type: none"> <li>• Aduhelm®</li> <li>• Amondys 45®</li> <li>• Dupixent®</li> <li>• Exondys 51®</li> <li>• Fasenra®</li> <li>• Kevzara®</li> <li>• Nucala®</li> <li>• Viltepso®</li> <li>• Vyepiti®</li> <li>• Vyondys 53®</li> <li>• Xolair®</li> <li>• Zolgensma®</li> </ul>	Tezspire®	<p><b>Ocrevus®</b> – uses standard PA form – try 2 preferred agents. However, IF diagnosis is Primary Progressive MS, may write PPMS on form and bypass trial of 2 preferred agents.</p> <p><b>Synagis®</b> –</p> <ul style="list-style-type: none"> <li>• Inpatient coverage paid per DRG (no PA required)</li> <li>• Outpatient coverage paid by POS billing only (PA required)</li> </ul>