

Medical Benefit Drugs

Benefit Coverage

Drugs approved by the Food and Drug Administration (FDA) and covered under a Blue Shield member's medical benefit are generally those that are incident to a medical service, administered by a healthcare professional in a provider office, outpatient facility, infusion center, or by home health/home infusion (not self-administered by the patient). Some medical benefit drugs may require prior authorization for coverage based on medical necessity.

The Blue Shield Pharmacy and Therapeutics Committee (P&T) reviews drugs quarterly and determines medication coverage policies and requirements for drugs requiring prior authorization. Medication coverage policies for medical benefit drugs can be found on Provider Connection at blueshieldca.com/provider. Once you have logged on, select *Authorizations, Clinical Policies and Guidelines*, then *Medication Policy*.

Medical benefit drugs are typically covered under capitation, unless contracted differently. When delegated for utilization management, Blue Shield requires the IPA/medical group to follow Blue Shield's medication coverage policies for Blue Shield members when administering prior authorizations. Refer to Section 2.7 - Pharmaceutical Benefits of the *HMO IPA/Medical Group Procedures Manual* for more details.

See also the *HMO Benefit Guidelines* for Allergy, Infertility-Basic Plan and Infertility-Additional Services for information on separate coverage for subcutaneous allergen immunotherapy and infertility injectable medications.

Medications self-administered by a patient at home are covered in the member's outpatient prescription drug benefit. See the *HMO Benefit Guidelines* Outpatient Prescription Drugs section for more information.

Medical Benefit Drugs

Copayment

See the *Benefit Summary Member Copayment Matrix* for:

Allergy

Infertility-Additional Benefits

Infertility-Basic Plan

Outpatient Prescription Drugs

Physician – Outpatient/Office Visits

Benefit Exclusions

Benefits are excluded for medications not approved by the FDA, and for uses (indications) not approved by the FDA or recognized in clinical compendia approved under federal or California law.

Benefit Limitations

See the *HMO Benefit Guidelines* for *Allergy*, *Infertility-Basic* and *Infertility-Additional Services*.

Exception

Not applicable.

Examples of Covered Services

- Medically necessary medications administered by a licensed healthcare provider
- Lupron Depot administered by a licensed healthcare provider in the office
- Contraceptives

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Examples of Non-Covered Services

- Lupron Depot self-administered by the patient at home
- Insulin (Covered under the Outpatient Prescription Drug Benefit)

References

Blue Shield Medical Policy Guidelines

HMO Benefit Guidelines for:

Allergy

Infertility-Additional Benefits

Infertility-Basic Plan

Outpatient Prescription Drugs

Blue Shield HMO IPA/Medical Group Procedures Manual

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