

	<h2>Clinician Administered Drug Guideline</h2>	
<b>Guideline #</b> 10141	<b>Categories</b> Administration / Non-Clinical →TCHP - Administration	<b>This Guideline Applies To:</b> Texas Children's Health Plan
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**GUIDELINE STATEMENT:**

Texas Children's Health Plan (TCHP) performs authorization on certain clinician-administered drugs including ALL clinician-administered drugs reimbursed with a non-risk payment methodology and all clinician-administered drugs that are not covered per the NDC-to-HCPCS Crosswalk.

**DEFINITIONS:**

**Clinician Administered Drugs:** Clinician-administered drugs or biologicals are injectable medications given in an office or outpatient clinic setting when oral medications are not appropriate.

**Non-Risk clinician-administered drugs** are Clinician-administered drugs reimbursed under the medical benefit that are not included in MCO capitation rates. These drugs are identified in UMCM Chapters 2.0, "Clinician-administered Drugs Covered Under Non-Risk Payment".

**GUIDELINE**

1. All requests for prior authorization of clinician-administered drugs are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. The prior authorization request must include documentation for medical necessity of the equipment or supplies requested, procedure codes, and numerical quantities for services requested.
  - 2.1 Documentation of the member's dosage, administration schedule, number of injections to be administered during the prior authorization period, requested units per injection, and the dosage calculation must be submitted in Section C of the Special Medical Prior Authorization (SMPA) Request Form under Statement of Medical Necessity.
  - 2.2 The requesting provider may be asked for additional information to clarify or complete a request

3. The Utilization Management professional reviewing the request evaluates the submitted information to determine if the documentation supports the clinician-administered drug as a medically necessary service.
4. Clinician-administered drugs will be subject to the prior authorization requirements documented in the current Texas Medicaid Provider Procedures Manual – Outpatient Drug Services Handbook.
  - 4.1. Clinician-administered drugs that require prior authorization but have no requirements documented in the current Texas Medicaid Provider Procedures Manual –Outpatient Drug Services Handbook will be referred to a TCHP Medical Director/Physician Reviewer for review to determine medical necessity.
  - 4.2. Providers are responsible for administering drugs based on the U.S. Food and Drug Administration (FDA)-approved guidelines. In the absence of FDA indications, the following criteria must be met:
    - 4.2.1. The drug is recognized by the American Medical Association Drug Evaluations (AMA-DE), American Hospital Formulary Service Drug Information, the U.S. Pharmacopoeia Dispensing Information, Volume I, or two articles from major peer-reviewed journals that have validated and uncontested data supporting the proposed use for the specific medical condition as safe and effective.
    - 4.3 It is medically necessary to treat the specific medical condition, including life-threatening conditions or chronic and seriously debilitating conditions
      - 4.3.1 The off-label use of the drug is **NOT** investigational or experimental.
5. All authorization requests for clinician-administered drugs reimbursed with a non-risk payment methodology will be reviewed by a TCHP Medical Director/Physician Reviewer to determine medical necessity.
6. Non-FDA approved clinician-administered drugs are not a benefit.
7. Oral medications that are given in the hospital or physician's office are considered part of the hospital or office visit and cannot be reimbursed separately.
8. Drugs and biologicals whose manufacturers DO NOT participate in the Center for Medicaid Services (CMS) Drug Rebate Program, DO NOT show as active on the CMS list for the date of service the drug is administered, and/or DO NOT have a rebate eligible National Drug Code (NDC) are NOT a benefit.
  - 8.1. Refer to [Case-by-Case Added Services Policy](#) and [Case-by-Case Added Services Procedure](#) for consideration.
9. Requests for Monoclonal Antibody administration will follow the TCHP Monoclonal Antibodies guideline.

10. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

**REFERENCES:****Government Agency and Medical Society, and Other Publications:**

Texas Medicaid Provider Procedures Manual Volume 2: Clinician-Administered Drugs Handbook  
 Accessed September 20, 2022 [TMPPM.book \(tmhp.com\)](http://tmppm.book(tmhp.com))

NDC-to-HCPCS Crosswalk:

[Clinician-Administered Drugs | Vendor Drug Program \(txvendordrug.com\)](http://txvendordrug.com) Accessed September 20, 2022

Uniform Managed Care Manual Chapter 2: Texas Claims Procedures Section 2.0 Claims Manual  
[2.0 Uniform Managed Care Claims Manual Version 2.13 \(texas.gov\)](http://texas.gov) Accessed September 20, 2022

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