



Administrative Policy Statement MARKETPLACE PLANS

Policy Name		Policy Number	Date Effective
Off Label Medication Requests		PAD-0026MPP	7/13/2023
Policy Type			
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement

Administrative Policy Statement prepared by CSMG Co. and i (o.)5.3-e0.0D1n3em <</MCIO 38.16 M72.48 624.96 48.C



A. Subject

Off Label Medication Requests

B. Background

The U.S. Food and Drug Administration (FDA) approves drugs for specific indications included in

- b. Lexicomp: Evidence level A
- c. Micromedex: Recommendation class I, IIa, or IIb
- d. Evidence from at least two published studies from major scientific or medical peer reviewed journals demonstrates safety and efficacy for the specified condition in a comparable population (i.e., age group, level of disease severity, etc.)
If applicable clinical trial is yet to be published but interim results are supportive, this may be taken into consideration by the clinician reviewer.

NOTE: For offlabel use of oncology drugs, please refer to the policy titled Oncology Regimens accessible from the CareSource website.

E. Conditions of Coverage

AUTHORIZATION PERIOD

Approved authorizations are designated an appropriate authorization period. Continued treatment may be considered when the member has shown tolerability and a positive clinical response.

F. Related Policies/Rules

Oncology Regimens

G. Review/Revision History

DATES		ACTION
Date Issued	06/06/2013	
Date Revised	10/30/2014	Added definition to excluded indications
	05/05/2015	Removed indications in reference plan specific member handbooks, EOC, etc. Removed specialty and subspecialty associations and combined with no determinations policy
	12/15/2015	Revised class/category and defined evidence criteria article submissions



