



## Administrative Policy Statement

## A. SUBJECT

CareSource uses Pharmacy Policy Statements to determine coverage for medications that are covered under the medical benefit, as determined by the CareSource Pharmacy and Therapeutics (P&T) Committee. Pharmacy Policy Statements contain criteria designed to ensure that CareSource members safely receive effective medication.

Some medical benefit medications may not be addressed by a specific Pharmacy Policy Statement. In that case, the reviewing pharmacists will make a clinical determination based on the information outlined here.

## B. BACKGROUND

The intent of CareSource Policy Statements is to encourage appropriate selection of drug therapy for members according to product labeling, clinical guidelines, and/or clinical studies as well as to encourage use of Marketplace preferred drugs. The CareSource Policy Statement is a guideline for determining health care coverage for our members with benefit plans covering prescription drugs. Pharmacy Policy Statements are written on selected prescription drugs requiring prior authorization or step therapy. The Pharmacy Policy Statement is used as a tool to be interpreted in conjunction with the member's specific benefit plan.

**Note:** *The Introduction section is for your general knowledge and is not to be construed as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals and is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider can also be a place where medical care is given, like a hospital, clinic, or lab. This policy informs providers about when a product or service may be covered.*

## C. DEFINITIONS

- Administrative Review/Approval/Denial: a decision for coverage or non-coverage  
AdmCar

Medical Benefit Medications  
North Carolina M



## F. RELATED POLICIES/RULES

Non-Formulary Medications Policy

Off Label Medication Requests Policy Drug-specific policies posted on the CareSource website may apply

## G. REVIEW/REVISION HISTORY

DATES		ACTION
Date Issued	11/07/2019	Drafted policy language; updated references to SOB and SBC
Date Revised	11/17/2021	Annual review, no changes.
	12/19/2022	Annual review, no changes.
	6/6/2023	

