

POLICY AND PROCEDURE

DEPARTMENT: Ambetter Health Plans	DOCUMENT NAME: Off-Label Drug Use
PAGE: 1 of 1	REPLACES DOCUMENT:
APPROVED DATE: 05/16	RETIRED:
EFFECTIVE DATE: 05/16	REVIEWED/REVISED: 05/17
PRODUCT TYPE: Health Insurance Marketplace	REFERENCE NUMBER: HIM.PHAR.21

SCOPE:

Health Insurance Marketplace (Ambetter) health plans

PURPOSE:

Defines the responsibility of the prescriber when requesting consideration for prior authorization (PA) approval for an off-label use.

POLICY:

Prescribers requesting PA approval of an off-label use must submit specified documentation. PA requests that do not meet established criteria for off-label use will not be approved.

PROCEDURE:

Refer to Envolve Pharmacy Solutions Clinical Pharmacy Operation's Off-Label Drug Use Prior Authorization Policy, EPS.PHARM.07 which is hereby incorporated by reference in its entirety.

ATTACHMENTS: N/A

DEFINITIONS:

REVISION LOG

REVISION	DATE
Revised policy to reference ESP.PHARM.07	05/17

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee: Approval on file

EPS Director, Marketplace: Approval on file

Sr. V.P., Chief Medical Officer: Approval on file

NOTE: The electronic approval is retained in Compliance 360.