



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA	ORIGINAL EFFECTIVE DATE:	11/16/23
SECTION: ADMINISTRATIVE SPECIALTY MEDICATIONS	LAST REVIEW DATE:	
	CURRENT EFFECTIVE DATE:	11/16/23
	LAST CRITERIA REVISION DATE:	
NEXT ANNUAL REVIEW DATE: 4TH QTR 2024	ARCHIVE DATE:	

EXCEPTIONS TO SELF-ADMINISTERED DRUGS

Non-Discrimination Statement is located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

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Criteria:

Refer to FDA website for current indications and dosage.

- Exception for self-administered medication to be administered by health care provider may be *eligible for coverage* with documentation of **ALL** of the following:
 1. The individual has the medication benefit with BCBSAZ
 2. BCBSAZ review has determined the medication is **medically necessary**. Medical necessity is determined by applying criteria found in separate Pharmacy Coverage Guidelines (PCGs). If a drug specific PCG does not exist for the medication, BCBSAZ will review the request under the PCG titled *General Medication Coverage Guideline*.
 3. Individual meets **ONE** of the following:
 - Diagnosed phobia precluding self-administration with documentation from a psychiatric evaluation (see Definitions section)
 - Unable to successfully self-administer medication with proper technique due to physical or mental impairment
 - History of anaphylaxis to prior related therapy and requires health care observation for safety
 4. Individual does **NOT** have a caregiver or family member willing or able to assist with home administration [Note: Criterion may be waived if health care observation is required for safety reasons]
 5. Requested medication will be administered in a non-hospital preferred setting such as a physician's office, freestanding infusion center or home. [Note: If the request is for a non-preferred setting such as a hospital, the request must also meet the Evidence Based Criteria titled *Site of Service Requirements for Certain Medications*.]

Description:

American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) criteria for specific phobias:

- A. Marked fear or anxiety about a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood). Note: In children, the fear or anxiety may be expressed by crying, tantrums, freezing, or clinging.
- B. The phobic object or situation almost always provokes immediate fear or anxiety.
- C. The phobic object or situation is actively avoided or endured with intense fear or anxiety.
- D. The fear or anxiety is out of proportion to the actual danger posed by the specific object or situation and to the sociocultural context.
- E. The fear, anxiety, or avoidance is persistent, typically lasting for six months or more.



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- F. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- G. The disturbance is not better explained by the symptoms of another mental disorder, including fear, anxiety, and avoidance of situations associated with panic-like symptoms or other incapacitating symptoms (as in agoraphobia); objects or situations related to obsessions (as in obsessive-compulsive disorder); reminders of traumatic events (as in posttraumatic stress disorder); separation from home or attachment figures (as in separation anxiety disorder); or social situations (as in social anxiety disorder).

Specifiers based on the phobic stimulus:

- Animal (e.g., spiders, insects, dogs)
- Natural environment (e.g., heights, storms, water)
- Blood-injection-injury (e.g., needles, invasive medical procedures)
- Situational (e.g., airplanes, elevators, enclosed places)
- Other (e.g., situations that may lead to choking or vomiting; in children; e.g., loud sounds or costumed characters)

History:	Date:	Activity:
Pharmacy and Therapeutics Committee	11/16/23	Approved guideline
Clinical Pharmacist	10/24/23	Development

Coding:

HCPCS: Various



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Resources:

Literature reviewed 11/16/23. We do not include marketing materials, poster boards and non-published literature in our review.

1. Blue Cross Blue Shield of Arizona. Benefit Plan Booklet.
2. McCabe RE. Specific phobia in adults: epidemiology, clinical manifestations, course and diagnosis. In: UpToDate, Stein MB, Friedman M (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Topic updated May 14, 2021. Accessed October 20, 2023.



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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>