

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	SELF INJECTABLES
BRAND NAME (generic)	cyanocobalamin b12 injection
	estradiol cypionate in oil
	estradiol valerate in oil
	estrogens conjugated 25 mg
	heparin injection
	medroxyprogesterone acetate suspension 400 mg/ml
	testosterone cypionate injection
	testosterone enanthate injection
Status: Client Requested Criteria	
Type: Initial Prior Authorization	Ref #
C6947-A	

<u>CRITERIA FOR APPROVAL</u>			
1.	Is the requested drug being administered in a physician's office?	Yes	No
2.	Is the requested drug being administered by the patient, or care provider outside of the physician's office?	Yes	No
3.	Has the patient and/or caregiver been trained to self administer the medication?	Yes	No
4.	Has this training been documented in the patient chart?	Yes	No

REFERENCES

1. CareFirst Medical Policy.

Written by: UM Development (MS)
Date Written: 04/2015
Revised: (ME) 07/2018 (added testosterone enanthate), 10/2019 (added estrogen products)
Reviewed: 05/2015, (AM) 07/2018, (LMS) 11/2019