



**COLORADO**  
Department of Health Care  
Policy & Financing

**Hospital Specialty Drug Consideration Request**

Colorado Medicaid Provider requesting Hospital Outpatient Specialty Drug Status: \_\_\_\_\_

\_\_\_\_\_ NPI # \_\_\_\_\_

To be considered for status as an Outpatient Hospital Specialty Drug, a drug must meet the Outpatient Hospital Drug definition and minimally, meet the following criteria:

- ☐ Drug must be a Colorado Medicaid covered service (i.e. FDA approved, not experimental therapy)
- ☐ Drug has a specific HCPCS code associated with it (not under a miscellaneous code)
- ☐ Drug was approved and entered the market after 10/31/2016.
- ☐ Hospital's net invoice (enclosed for review) exceeds \$75,000 for one dose therapy, or exceeds \$32,000 per dose for multi-dose therapies, or exceeds \$22,000 per dose for therapies costing more than \$125,000 per year.
- ☐ The drug is not a reformulation of the same active pharmaceutical ingredient of another drug already on the list, or is a lower cost alternative as evidenced by invoice.
- ☐ The drug that is not available as generic, biosimilar, or other highly similar product, unless the invoice cost is less than the invoice cost of the as generic, biosimilar, or other highly similar product.
- ☐ The drug is superior (not non-inferior or inferior) to currently available (US) drug treatments (including standard of care or no treatment) for the disease or condition the drug is used to treat.

Please provide:

- ☐ Hospital invoice or cost estimate including all prompt pay discounts or alternate discounts available from the wholesaler to establish cost and document if 340b drug is used.

☐ Drug HCPCS code \_\_\_\_\_

☐ Associated ICD-10 \_\_\_\_\_

☐ Current standard of care for the condition being treated \_\_\_\_\_

☐ Currently available alternatives for the condition being treated \_\_\_\_\_

☐ Indicate if the drug is considered an add-on therapy, a treatment substitute, or reserved for refractory conditions \_\_\_\_\_

☐ Indicate if an urgent drug review is required due to a time sensitive patient situation. \_\_\_\_\_

Drug reviews should be submitted to [HCPF PharmacyPAD@state.co.us](mailto:HCPF_PharmacyPAD@state.co.us). Please allow 30 days after the submission is received for response on standard requests. If urgent status is indicated, the review will be fast tracked for review and a decision will be made in no more than 10 business days. Filing a consideration request is not a guarantee of approval for EAPG carveout through Health First Colorado. The drug will continue to be processed under EAPG methodology until the date of approval for carveout. Hospital Outpatient Specialty Drugs are regularly reviewed and may be removed from the covered list if criteria for removal are met. For more information see <https://hcpf.colorado.gov/physician-administered-drugs>.