

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Oncology Agents, Oral

A. Prescriptions That Require Prior Authorization

Prescriptions for preferred and non-preferred Oncology Agents, Oral must be prior authorized. See the most recent version of the PDL which includes the list of preferred Oncology Agents, Oral at:
www.providersynergies.com/services/documents/PAM_PDL.pdf

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a preferred or non-preferred Oncology Agent, Oral, the determination of whether the requested prescription is medically necessary will take into account the following:

1. The recipient has a diagnosis that is:
 - a. Indicated in the FDA-approved package insert, **OR**
 - b. Listed in nationally recognized compendia for the determination of medically-accepted indications for off-label uses of Oncology Agents, Oral

AND

2. For a non-preferred Oncology Agent Oral, the recipient has a documented history of therapeutic failure, intolerance, or contraindication of the preferred Oncology Agents, Oral

OR

3. The recipient does not meet the clinical review guidelines listed above, but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.
4. In reviewing a request for a renewal of a prior authorization of an Oncology Agent, Oral that was previously approved, the determination of medical necessity will take into account documentation from the prescribing provider that the recipient had a positive clinical response to the therapy.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above, to assess the

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medical necessity of the request for a prescription for an Oncology Agent, Oral. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.