ARKANSAS MEDICAID
DEPARTMENT OF HUMAN SERVICES
PRIOR AUTHORIZATION CRITERIA

Drug/Drug Class:	Pharmacy Oncology Drug Management Policy
First Implementation Date:	4/17/2024
Updated Criteria:	
Status Criteria:	Criteria Revision New Criteria PDL

NOTE: New-to-market oncology drugs covered as a pharmacy benefit will automatically be covered with prior authorization (PA) through this policy. The Arkansas Medicaid Drug Utilization Review Board/Drug Review Committee (DUR Board) voted to implement this policy on April 17, 2024. New FDA approved pharmacy oncology drugs no longer require DUR Board review for PA criteria as this policy outlines the protocol for PA approval. To verify whether a medication falls under this policy, search for the requested drug on the Prime Therapeutics portal. https://ar.primetherapeutics.com/drug-lookup Products listed as PA required fall under this policy.

Pharmacy oncology prior authorization requests must be faxed to the State Medicaid pharmacy program for review at 800-424-5851. If there are any questions pertaining to this policy, contact the pharmacy program at 501-683-4120.

Pharmacy Oncology Drug Management Policy
This policy outlines the prior authorization review process for oncology drugs covered under the pharmacy benefit for Arkansas Medicaid beneficiaries. This policy does not impact criteria or prior authorization reviews for products covered as a medical benefit.

Cancer treatment options and protocols change so frequently that the published prior authorization criteria is many times outdated. In reviewing oncology drug prior authorization requests, the pharmacy clinical review team considers safety and efficacy for each request that is reviewed on a case-by-case basis.

Policy guidelines

- Prior authorization criteria for oncology drugs covered under this policy will be based on the FDA approved label and support found in the NCCN treatment guidelines with NCCN level of evidence 1 or 2a unless otherwise noted. See the prior authorization (PA) form for specifics on exceptions.
- PA requests must include the oncology medication prior authorization fax form found using this link: https://ar.primetherapeutics.com/forms-documents
- Requests for an indication, dosage, age, or duration of treatment outside of the FDA approved label and NCCN treatment recommendations are considered off-label.
- Off-label requests will be reviewed for medical necessity on a case-by-case basis while referencing official compendia, peer-reviewed literature, and tumor board (case conference) review along with documentation submitted with the request.
- All prior authorization requests must be submitted by or in consultation with an oncologist or hematologist.
- Documentation supporting the prior authorization request must be submitted at the time of the request.
- Quantity limits apply to all medications based on FDA-approved dosing.

When submitting an initial prior authorization request for an oncology product, providing all pertinent information with the initial request will expedite reviews. At a minimum, the prescriber must submit:

- Current chart notes
- Type of cancer with documentation of any mutations
- All previous therapies tried with timelines and response (i.e., medications and surgeries)
- Current labs specific to the type of cancer and treatment requesting (e.g., complete blood count, renal function labs, liver function panel, etc.)
- Specific imaging requirements per the package insert (e.g., MRI or CT imaging)
- Letter of medical necessity outlining the rationale for the treatment requested especially if the request is off-label
- Current weight or body surface area

- Dose requested
- Pregnancy test results if recommended in the package insert
- ECOG performance status score and medical necessity of treatment with ECOG score of 4

For prior authorization renewal requests, the prescriber must submit the following:

- Current chart notes
- Current lab work
- Current weight or body surface area
- Dose requested
- Documentation of current response to treatment
- Attestation that the patient exhibits a positive response from treatment without intolerable side effects

Initial requests may be approved for 3 months, unless otherwise noted, with renewal pending a positive response to treatment without intolerable side effects. Prior authorization renewals may be approved for 3-6 months depending on the level of monitoring required for the treatment.

DATE:	SUMMARY OF CHANGES:	UPDATED BY:
04/17/2024	INITIAL REVIEW BY THE DUR/DRC BOARD	CPEARSON