Policy:	GG.1409
Title:	**Physician Administered Drug Prior Authorization Required List Development and Management**
Department:	Medical Management
Section:	Pharmacy Management
CEO Approval:	*/s/ Michael Hunn 10/31/2024*
Effective Date:	04/01/1999
Revised Date:	10/01/2024
Applicable to:	☒ Medi-Cal ☐ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy defines the process by which CalOptima Health shall develop and manage the Physician Administered Drug Prior Authorization required List (PAD PA List).

II. POLICY

A. The PAD PA List development and management process shall ensure Member access to clinically appropriate and cost-effective pharmaceuticals, in accordance with the decisions of the CalOptima Health Pharmacy and Therapeutics (P&T) Committee, and consistent with the scope of benefits for pharmaceutical services, as established by the California Department of Health Care Services (DHCS) and Title 22 of the California Code of Regulations.

B. The CalOptima Health P&T Committee shall:

1. Consist of thirteen (13) members, including six (6) physicians and seven (7) pharmacists; and

2. Meet on a regular basis, but not less than quarterly.

C. On an annual basis, CalOptima Health's P&T Committee shall:

1. Review the PAD PA List and update as appropriate; and

2. Review pharmaceutical management procedures and update as appropriate.

D. Decisions and recommendations of the P&T Committee shall be documented in minutes and reported to CalOptima Health's Utilization Management Committee.

E. CalOptima Health shall communicate the following information relating to PAD PA List changes and updates and pharmaceutical management procedures to Members and Prescribing Practitioners in writing annually:

1. Where to find the PAD PA List, including restrictions, on the CalOptima Health website;

2. How to use the pharmaceutical management procedures;

3. An explanation of the PAD PA List limits and restrictions; and

4. How Prescribing Practitioners must provide information to support a Prior Authorization request.

F. The following information relating to the PAD PA List shall be posted on the CalOptima Health website:

1. How to use the pharmaceutical management procedures;

2. An explanation of what a PAD PA List is;

3. How CalOptima Health decides which drugs are included on the PAD PA List;

4. How often the PAD PA List is updated;

5. How Prescribing Practitioners must provide information to support a Prior Authorization request; and

6. How the Members or Prescribing Practitioners can obtain a print version of the PAD PA List.

III. PROCEDURE

A. The P&T Committee shall:

1. Approve all changes and updates to the PAD PA List;

2. Approve the inclusion or exclusion of classes of drugs in the PAD PA List;

3. Review Prior Authorization guidelines;

4. Base clinical decisions on the strength of scientific evidence, standards of practice, and safety and efficacy considerations; and

5. Consider use of the following resources to assist in decision-making: Milliman Care Guidelines, CMS recognized compendia (American Hospital Formulary System Drug Information, Micromedex, Clinical Pharmacology, National Comprehensive Cancer Network Drugs and Biologicals compendium) and standards of practice, including peer reviewed medical literature, well-established clinical practice guidelines, and pharmacoeconomic studies, as well as other sources of appropriate information.

B. As part of the PAD PA List decision process, the P&T Committee may elect to set specific usage criteria of pharmaceuticals based on safety, efficacy and cost as follows:

1. Drug class reviews;

2. Drugs that are preferred;

3. Prior Authorization guidelines for drugs that are not preferred;

4. Duration of therapy limits;

5. Limiting access to drugs within certain classes; and

6. Evidence that preferred-status drugs may produce similar, or better, results for the majority of the population compared to other drugs within the same class.

C. CalOptima Health shall post a summary of changes document to the PAD PA List on the CalOptima Health website following each P&T Committee meeting. The document shall be in a machine-readable format as well as in a print version available to Members and Prescribing Practitioners upon request.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. 2024 NCQA Health Plan Accreditation-UM Standards
B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
C. Health and Safety Code, §1363.01
D. Title 22, California Code of Regulations (CCR), §51003
E. Title 42, Code of Federal Regulations (CFR), §§438.10(d)(6) and (i)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
03/16/2015	Department of Health Care Services (DHCS)	Approved as Submitted
04/19/2016	Department of Health Care Services (DHCS)	Approved as Submitted
08/22/2022	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
09/06/2018	Regular Meeting of the CalOptima Board of Directors
08/06/2020	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	04/01/1999	GG.1409	Drug Formulary Development and Management	Medi-Cal
Revised	01/01/2000	GG.1409	Drug Formulary Development and Management	Medi-Cal
Revised	04/01/2007	GG.1409	Drug Formulary Development and Management	Medi-Cal
Revised	08/01/2011	GG.1409	Drug Formulary Development and Management	Medi-Cal
Revised	01/01/2012	GG.1409	Drug Formulary Development and Management	Medi-Cal
Revised	01/01/2013	GG.1409	Drug Formulary Development and Management	Medi-Cal

Action	Date	Policy	Policy Title	Program(s)
Revised	09/01/2014	GG.1409	Drug Formulary Development and Management	Medi-Cal
Revised	03/01/2015	GG.1409	Drug Formulary Development and Management	Medi-Cal
Revised	02/01/2016	GG.1409	Drug Formulary Development and Management	Medi-Cal
Revised	10/01/2016	GG.1409	Drug Formulary Development and Management	Medi-Cal
Revised	06/01/2017	GG.1409	Drug Formulary Development and Management	Medi-Cal
Revised	09/06/2018	GG.1409	Drug Formulary Development and Management	Medi-Cal
Revised	08/06/2020	GG.1409	Drug Formulary Development and Management	Medi-Cal
Revised	12/01/2020	GG.1409	Drug Formulary Development and Management	Medi-Cal
Revised	09/01/2021	GG.1409	Drug Formulary Development and Management	Medi-Cal
Revised	08/01/2022	GG.1409	Physician Administered Drug Prior Authorization Required List Development and Management	Medi-Cal
Revised	11/01/2023	GG.1409	Physician Administered Drug Prior Authorization Required List Development and Management	Medi-Cal
Revised	10/01/2024	GG.1409	Physician Administered Drug Prior Authorization Required List Development and Management	Medi-Cal

IX. GLOSSARY

Term	Definition
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the Medi-Cal program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs as provided by statute and/or regulation.
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
Prescribing Provider	The physician, osteopath, podiatrist, dentist, optometrist or authorized mid-level medical Practitioner who prescribes a medication for a Member.
Prior Authorization	A formal process requiring a Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services.