Clinical Policy: Hepatitis B Agents

Reference Number: PHW.PDL.083
Effective Date: 01/01/2020
Last Review Date: 11/2023

Revision Log

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Hepatitis B Agents are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Hepatitis B Agents

A. Prescriptions That Require Prior Authorization

Prescriptions for Hepatitis B Agents that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Hepatitis B Agent.

2. A prescription for a Hepatitis B Agent with a prescribed quantity that exceeds the quantity limit.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Hepatitis B Agent, the determination of whether the requested prescription is medically necessary will take into account whether the recipient:

1. For a non-preferred Hepatitis B Agent, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Hepatitis B Agents;
   AND
2. If a prescription for a Hepatitis B Agent is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medical necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override.

NOTE: If 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, the request for prior authorization will be approved.

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 medical necessity of the request for a prescription for a non-preferred Hepatitis B Agent. 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.

D. Approval Duration: 12 months

Reviews, Revisions, and Approvals	Date
Policy created	01/01/2020
Q3 2020 annual review: no changes.	07/2020
Q1 2021 annual review: no changes.	01/2021
Q3 2022: Updated wording per DHS	07/2022
Q1 2023 annual review: no changes.	11/2022
Q1 2024 annual review: no changes.	11/2023