

Prior Authorization Review Panel

CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review. Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	Submission Date: 11/2022	
Policy Number: PHW.PDL.748	Effective Date: 01/01/2020 Revision Date: 10/2022	
Policy Name: Alcohol Use Disorder Agents		
Type of Submission – Check all that apply: ✓ New Policy □ Revised Policy* □ Annual Review - No Revisions ✓ Statewide PDL - Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.		
*All revisions to the policy <u>must</u> be highlighted using track changes throughout the document.		
Please provide any changes or clarifying information for the policy below:		
Name of Authorized Individual (Please type or print):	Signature of Authorized Individual:	
Venkateswara R. Davuluri, MD	Can lun	

CLINICAL POLICY

Alcohol Use Disorder Agents



Clinical Policy: Alcohol Use Disorder Agents

Reference Number: PHW.PDL.748

Effective Date: 01/09/2023 Last Review Date: 10/2022

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 Alcohol Use Disorder Agents are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Antihemophilia Agents

- A. Prescriptions That Require Prior Authorization
 - 1. A non-preferred Alcohol Use Disorder Agents.
 - 2. An Alcohol Use Disorder 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 an Alcohol Use Disorder Agent, the determination of whether the requested prescription is medically necessary will take into account whether the member:

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

NOTE: If the member 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 member, 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 a prescription for an Alcohol Use Disorder 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

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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 member.

D. Approval Duration: 12 months

E. References

- 1. Reus VI, Fochtmann LJ, Bukstein O, et al. The American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder. Am J Psychiatry 2018; 175:86.
- 2. Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA). Medication for the Treatment of Alcohol Use Disorder: A Brief Guide. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2015.

Reviews, Revisions, and Approvals	Date
Policy created	01/09/2023