

**Prior Authorization DRUG Guidelines**

**Length of Authorization Policy**

Effective Date: 5/15/18

Date Developed: 5/15/18 by Catherine R. Sanders, MD

Date Approved by P&T Committee: 7/24/18, 1/22/19, 2/18/20

All Prior Authorization required medications have an appropriate length of authorization between 1 dose and 12 months' supply. This is based on several different factors. For example, all specialty drugs are only dispensed for 1 month at a time with the number of refills authorized based on the follow up and laboratory studies required.

The Ventura County Health Care Plan (VCHCP) adopts drug guidelines drafted by our Pharmacy Benefit Manager, Express Script, Inc. (ESI). Although ESI policies may include a policy statement allowing for prior authorization of up to 3 years, VCHCP will only authorize any medication up to a maximum of 12 months. The 12-month maximum will be used only for those members who are stable on low risk medications.

**REVISION HISTORY:**

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<b>Revision Date</b>	<b>Content Revised (Yes/No)</b>	<b>Contributors</b>	<b>Review/Revision Notes</b>
07/24/18	No	Catherine Sanders	New Policy
1/22/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual review
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