

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, 2/2/21,
2/1/22, 1/31/23, 2/13/24, 2/18/25

Medications requiring Prior Authorization have an appropriate length of approval 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 interval 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). However, 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. This 12-month maximum will be used only for those members who are stable on low-risk medications.

REVISION HISTORY:

Date Created: 5/15/18 by C. Sanders, MD

Date Reviewed/No Updates: 7/24/18 by C. Sanders, MD

Date Approved by P&T Committee: 7/24/18

Date Reviewed/No Updates: 1/22/19 by C. Sanders, MD; R. Sterling, MD

Date Approved by P&T Committee: 1/22/19

Date Reviewed/No Updates: 2/18/20 by H. Taekman, MD; R. Sterling, MD

Date Approved by P&T Committee: 2/18/20

Date Reviewed/No Updates: 2/2/21 by H. Taekman, MD; R. Sterling, MD

Date Approved by P&T Committee: 2/2/21

Date Reviewed/No Updates: 1/31/23 by H. Taekman, MD; R. Sterling, MD

Date Approved by P&T Committee: 1/31/23

Date Reviewed/No Updates: 2/13/24 by H. Taekman, MD; R. Sterling, MD

Date Approved by P&T Committee: 2/13/24

Date Reviewed/Updated: 2/18/25 by H. Taekman, MD; R. Sterling, MD

Date Approved by P&T Committee: 2/18/25

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
07/24/18	No	Catherine Sanders	New Policy
1/22/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual review
2/18/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual review
2/2/21	No	Howard Taekman, MD; Robert Sterling, MD	Annual review
2/1/22	No	Howard Taekman, MD; Robert Sterling, MD	Annual review
1/31/23	No	Howard Taekman, MD; Robert Sterling, MD	Annual review

2/13/24	No	Howard Taekman, MD; Robert Sterling, MD	Annual review
2/18/25	Yes	Howard Taekman, MD; Robert Sterling, MD	Replaced “All Prior Authorization required” with “Medications requiring Prior authorization”