Pharmacy Policy Bulletin: J-0651 Delaware House Bill 120 - Chemotherapy Override Exception – Commercial and Healthcare Reform - Delaware	
Number: J-0651	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s): Prior Authorization**
Region(s): ☐ All ☒ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-0651-010	**Original Date:** 09/01/2017
Effective Date: 10/28/2024	**Review Date:** 10/02/2024

Drugs Product(s):	• Cancer chemotherapy covered under the pharmacy benefit and subject to step therapy and/or prior authorization.
FDA-Approved Indication(s):	• Refer to the individual product's prescribing information.

Background:	• Delaware Legislature House Bill 120 • Coverage for cancer chemotherapy medications, without requirements of response to previous drug(s), for any non-FDA labeled indication or a medically accepted indication, may be considered when the request is supported by physician-submitted nationally clinical guidelines, national standards of care or peer-reviewed medical literature for treatment of the diagnosis (es) for which it is prescribed, or in the case of targeted therapy, the target at issue. Each case will be reviewed on a case by case basis, along with the clinical information submitted, to determine medical necessity • This bill was signed and passed on September 20, 2017. The bill states that this act shall apply to all enumerated policies, contracts, or certificates issued, delivered, renewed, modified, altered, or amended in Delaware on or after September 1, 2017.

Approval Criteria

A prior authorization override determination request shall be granted if all of the following criteria are met **(A., B., and C.)**:

A. The requested product is an FDA-approved federal legend product.
B. The drug being requested is classified as a cancer chemotherapy medication
C. The member meets one of the following criteria **(1. or 2.):**
  1. Treatment of the member's diagnosis with the requested agent is supported by an NCCN (National Comprehensive Cancer Network) grade 1, 2A, or 2B Category of Evidence and Consensus recommendation per the NCCN Compendia.
  2. The prescriber submits appropriate documentation (e.g., peer-reviewed published literature) supporting the use of the requested product for the member's diagnosis.

Limitations of Coverage

None

Authorization Duration

- Commercial and HCR Plans: If approved, up to a lifetime authorization may be granted.

References:

1. An Act To Amend Title 18 Of The Delaware Code Relating To Insurance Coverage Of Certain Cancer Treatments; Delaware General Assembly, House Bill 120, 149th General Assembly