Pharmacy Policy Bulletin: J-1107 New York—Chemotherapy Override Exception – Commercial and Healthcare Reform – New York	
Number: J-1107	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s): Not Applicable**
Region(s): ☐ All ☐ Delaware ☒ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-1107-004	**Original Date:** 10/06/2021
Effective Date: 10/28/2024	**Review Date:** 10/02/2024

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

Background:	• New York Consolidated Laws, Insurance Law – ISC §3221, section (12)(A) requires insurers that provide coverage for prescribed drugs approved by the U.S. Food & Drug Administration (FDA) for the treatment of certain types of cancer shall not exclude coverage of any such drug on the basis that such drug has been prescribed for the treatment of a type of cancer for which the drug has not been approved by the FDA. The drug, however, must be recognized for treatment of the specific type of cancer for which it has been prescribed in one of the following established reference compendia: The American Hospital Formulary Service-Drug Information (AHFS-DI); National Comprehensive Cancer Networks Drugs and Biologics Compendium; Thomson Micromedex DrugDex. Elsevier Gold Standard's Clinical Pharmacology, or other authoritative compendia as identified by the Federal Secretary of Health and Human Services or the Centers for Medicare & Medicaid Services (CMS); or recommended by review article or editorial comment in a major peer reviewed professional journal. • Coverage is not required for any experimental or investigational drugs or any drug that the FDA has determined to be contraindicated for treatment of the specific type of cancer for which the drug has been prescribed. These provisions apply to cancer drugs only.

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 chemotherapy drug in question is recognized for the treatment of the specific type of cancer for which it has been prescribed in one (1) of the following reference compendia: **(1. through 6.):**

1. American Hospital Formulary Service-Drug Information (AHFS-DI)
2. National Comprehensive Cancer Networks (NCCN) Drugs and Biologics Compendium
3. Micromedex DRUGDEX
4. Elsevier Gold Standard's Clinical Pharmacology
5. Other authoritative compendia as identified by the Federal Secretary of Health and Human Service or the Center for Medicare and Medicaid Services (CMS).
6. Recommended by a review article or editorial comment in a major peer reviewed professional journal.

Limitations of Coverage

None

Authorization Duration

- Commercial and HCR Plans: If approved, up to a 12 month authorization may be granted.

References:

1. New York Consolidated Laws, Insurance Law - ISC §3221 (1)(12)(A) – Off-Label Cancer Drugs.