

## RX.PA.101.MPC Treatment Optimization Policy

The purpose of this policy is to define the treatment optimization process for all pharmacy and medical pharmacy benefit medications (regardless of infusion setting). The goal for treatment optimization is to improve and maximize the clinical benefit to the member with utilization of an appropriate duration with MPC preferred medications.

**Note: MPC does not conduct any retrospective review for medications. All prior authorization requests must be approved by MPC prior to member administration.**

**The term “trial” in MPC policies is defined as:**

- Utilization of a medication for 90 consecutive days at maximum dosages (per indication) unless intolerant or contraindicated
  - By the end of the trial, failure is defined as the member did not experience the expected clinical benefit associated with the medication to remediate or manage the disease. This does not mean a failed complete resolution to the clinical condition
    - Submission of a Medwatch Form 3500 is required for cases of serious adverse events attributed to medication therapy
- Must not be a trial and failure with medication samples
- Medication used for less than 90 days does not reflect a true trial and failure (unless otherwise specified in a policy)
  - Non-adherence/non-compliance does not cause a trial and failure
- Trial of a medication prior to coverage with MPC requires documentation of completion of 90 consecutive days of therapy, and documentation of failure to achieve expected clinical response from the medication
- Chart documentation will be required for all medication prior authorization requests
- The medication must be prescribed by or in consultation with a clinician or provider that specializes or has significant clinical experience in the treatment
- If there is no failure of a trial, as defined in the policy, then the trialed medication would be expected to be continued. Authorizations for alternative medications will not be approved without a trial failure.

## REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>New Policy</i>	11/2024