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Related Department: Pharmacy
SOP Title: Medicare Part B Utilization Management Clinical Review Process

**Purpose:** To define the process for prior authorization clinical review of selected part b medications by the GlobalHealth Pharmacy department

**Procedure**

1. Search for a National Coverage Determination (NCD) or Local Coverage determination (LCD) for the requested treatment in the Medicare Coverage Database (MCD): <https://www.cms.gov/medicare-coverage-database/search.aspx>. If a policy exists, proceed with review.
2. If no NCD or LCD exists, search for coverage criteria in MCG Care Guidelines: <https://globalhealthstandalone.carewebgi.com/Login.aspx?ReturnUrl=%2fWorkQueue.aspx>. If a policy exists, proceed with review.
3. If no NCD/LCD or MCG Care Guideline exist, use an internal GlobalHealth Pharmacy Utilization Management policy if available.
4. If none of the above references address the requested treatment, review using “medically accepted” indications within CMS-approved compendia:
  - a. American Hospital Formulary Service-Drug Information (AHFS-DI) (narrative text supportive)
  - b. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium (Category 1 or 2A)
  - c. Micromedex DrugDex (Class I, Class IIa, or Class IIb)
  - d. Clinical Pharmacology (narrative text is supportive)
  - e. Lexi-Drug (indication is listed in Lexi-Drugs as “Use: Off-Label” and rated as “Evidence Level A”)
5. Use the above criteria/policies only to determine if the requested drug (item or service) is medically necessary, reasonable, and necessary, and – for supplemental benefits – clinically appropriate.
6. After medical necessity is determined using steps 1-5, apply Part B Step Therapy requirements if the requested drug is a target medication identified in the Part B Step Therapy program.
7. If the requested treatment meets medical necessity criteria and Part B Step Therapy requirements (if applicable), the duration of the approval will be determined as follows:
  - a. When a treatment is recommended for a defined timeframe (e.g., 24 months) with no specified requirement for re-evaluation, the approval dates will be for the duration of the clinical recommendation.



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- b. When an NCD/LCD or treatment guideline specifies re-evaluation of the patient at a particular point in therapy, the approval dates will follow that recommendation for re-evaluation.
- c. For all other maintenance medications, approval will be granted for one year.

**References**

- CMS IOM, Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 50.4.5