Initial Prior Authorization with Logic Elective Termination of Pregnancy Agents Long List - No Exceptions Termination of Pregnancy Agents

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Cytotec	misoprostol
Korlym	mifepristone
Jylamvo	methotrexate
methotrexate (all other brands)	methotrexate
Mifeprex	mifepristone
MPM Pak	mifepristone & misoprostol & ondansetron & ibuprofen pack
Otrexup	methotrexate
Rasuvo	methotrexate
Reditrex	methotrexate
Trexall	methotrexate
Xatmep	methotrexate

For MIFEPREX (mifepristone 200 mg) ONLY (applies to brand, generic, and combination packs containing the drug)

If the claim is for Mifeprex (mifepristone 200 mg), then the claim should reject for Prior Authorization. No ICD diagnosis code logic or screen out logic applies.

For KORLYM (mifepristone 300 mg), methotrexate products, and misoprostol products (applies to brand and generic)

At point of adjudication, a claim should first be assessed for an ICD-10 diagnosis code. A claim with an ICD-10 code for termination of pregnancy should reject for Prior Authorization. A claim without an ICD-10 code should proceed to the screenout logic. A claim with an ICD-10 code for any indication other than termination of pregnancy should proceed to the screenout logic.

Diagnosis Code Logic

Applies to Korlym (mifepristone 300 mg), methotrexate products, and misoprostol products only

Claim with ICD-10 Diagnosis Code
- If the claim has an ICD-10 diagnosis code for any indication other than termination of pregnancy, then screenout logic applies.
- If the claim has an ICD-10 diagnosis code for termination of pregnancy, then the claim should reject for Prior Authorization.

Claim without ICD-10 Diagnosis Code
- If the claim does not have an ICD-10 diagnosis code, then screenout logic applies.

Screenout Logic

Include Rx and OTC products unless otherwise stated.

Applies to Korlym (mifepristone 300 mg), methotrexate products, and misoprostol products only

- If the patient is less than 12 years of age OR greater than 50 years of age, then suppress the prior authorization rejection.
- If the claim is submitted for a patient with a gender code of "M", then suppress the prior authorization rejection.
- If the patient has received at least a 28-day supply of a drug with the same GPI 10 as the requested drug within the last 180 days under a prescription benefit administered by CVS Caremark, then suppress the prior authorization rejection.
- If the medication being requested is being written by a Rheumatologist, Dermatologist, or Allergist/Immunologist, then suppress the prior authorization rejection.

Applies ONLY to all targeted methotrexate drugs:

If the requested day supply is equal to or greater than 28 days, then suppress the prior authorization rejection.

Applies ONLY to Cytotec (misoprostol 100 mcg):

If the requested quantity is greater than 16 tablets, then suppress the prior authorization rejection.

Applies ONLY to Cytotec (misoprostol 200 mcg):

If the requested quantity is greater than 8 tablets, then suppress the prior authorization rejection.

Applies ONLY to Korlym (mifepristone 300 mg):

If the requested quantity is equal to or greater than 28 tablets, then suppress the prior authorization rejection.

Summary of UM Logic

For all patients requesting Mifeprex (mifepristone 200 mg) and combination packs containing the drug (e.g., MPM Pak), the claim will proceed to the prior authorization criteria below. ICD diagnosis code logic does not apply.

For patients without an ICD diagnosis code or an ICD diagnosis code for any indication other than termination of pregnancy requesting a methotrexate drug who are between the ages of 12 and 50 years of age, without a gender code of "M", without a requested day supply equal to or greater than 28 days, with no history of use of at least a 28-day supply of a drug with the same GPI 10 as the requested drug within the last 180 days, and which is prescribed by a provider with a specialty other than Rheumatology, Dermatology, Allergy, or Immunology, the claim will proceed to the prior authorization criteria below.

For patients without an ICD diagnosis code or an ICD diagnosis code for any indication other than termination of pregnancy requesting Cytotec (misoprostol 100 mcg) who are between the ages of 12 and 50 years of age, without a gender code of "M", without a requested quantity greater than 16 tablets, with no history of use of at least a 28-day supply of a drug with the same GPI 10 as the requested drug within the last 180 days, and which is prescribed by a provider with a specialty other than Rheumatology, Dermatology, Allergy, or Immunology, the claim will proceed to the prior authorization criteria below.

For patients without an ICD diagnosis code or an ICD diagnosis code for any indication other than termination of pregnancy requesting Cytotec (misoprostol 200 mcg) who are between the ages of 12 and 50 years of age, without a gender code of "M", without a requested quantity greater than 8 tablets, with no history of use of at least a 28-day supply of a drug with the same GPI 10 as the requested drug within the last 180 days, and which is prescribed by a provider with a specialty other than Rheumatology, Dermatology, Allergy, or Immunology, the claim will proceed to the prior authorization criteria below.

For patients without an ICD diagnosis code or an ICD diagnosis code for any indication other than termination of pregnancy requesting Korlym (mifepristone 300 mg) who are between the ages of 12 and 50 years of age, without a gender code of "M", without a requested quantity equal to or greater than 28 tablets, with no history of use of at least a 28-day supply of a drug with the same GPI 10 as the requested drug within the last 180 days, and which is prescribed by a provider with a specialty other than Rheumatology, Dermatology, Allergy, or Immunology, the claim will proceed to the prior authorization criteria below.

Coverage Criteria

Authorization may be granted for the requested drug when the following criteria is met:

- The requested medication is NOT being used for the elective termination of pregnancy.

Duration of Approval (DOA)

- 5509-D: DOA: 30 days