

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Antidepressants, SSRIs (Selective Serotonin Reuptake Inhibitors)

A. Prescriptions That Require Prior Authorization

Prescriptions for SSRI Antidepressants that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred SSRI Antidepressant, regardless of the quantity prescribed. See Preferred Drug List (PDL) for the list of preferred Antidepressants, SSRIs at:
http://www.providersynergies.com/services/documents/PAMPDL_20101115.pdf
2. A prescription for a preferred SSRI Antidepressant with a prescribed quantity that exceeds the quantity limit. See Quantity Limits for the list of drugs with quantity limits at:
http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/document/s_002077.pdf
3. A prescription for an SSRI Antidepressant when there is a record of a recent paid claim for another drug within the same therapeutic class of drugs in PROMISe, the Department's Point-of-Sale On-Line Claims Adjudication System, (therapeutic duplication)

GRANDFATHER PROVISION – The Department will grandfather prescriptions for non-preferred SSRI Antidepressants within quantity limits for those recipients currently being prescribed a non-preferred SSRI Antidepressant. The PROMISe Point-Of-Sale On-Line Claims Adjudication System will verify if the recipient has a record of a prescription for a non-preferred SSRI Antidepressant within the past 90 days from the date of service of the new claim. If the recipient has a record of a prescription for a non-preferred SSRI Antidepressant, a prescription or a refill for the same non-preferred SSRI Antidepressant within the quantity limits will be automatically approved.

Grandfathering does not apply to therapeutic duplication.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an SSRI Antidepressant, the determination of whether the requested prescription is medically necessary will take into account the following:

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1. For a non-preferred SSRI Antidepressant, whether the recipient has a documented history of therapeutic failure or intolerance to the preferred SSRI Antidepressants.
2. For therapeutic duplication, whether:
 - a. The recipient is being titrated to, or tapered from, a drug in the same class

OR

 - b. Supporting peer reviewed literature or national treatment guidelines corroborate concomitant use of the medications being requested
3. In addition, if a prescription for either a preferred or non-preferred SSRI Antidepressant is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

OR

4. The recipient does not meet the clinical review guidelines listed above, but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

C. Automated Prior Authorization Approvals

Prior authorization of a prescription for a non-preferred SSRI Antidepressant with a prescribed quantity that does not exceed the quantity limits will be automatically approved when the PROMISE Point-of-Sale On-Line Claims Adjudication System verifies a record of paid claim(s) within 180 days prior to the date of service that documents that the guidelines to determine medical necessity listed in Section B. have been met.

Automated prior authorization does not apply to therapeutic duplications.

D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above, to assess the medical necessity of the request for a prescription for an SSRI Antidepressant. If the guidelines in Section B are met, the reviewer will

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prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.