

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Phosphate Binders

A. Prescriptions That Require Prior Authorization

Prescriptions for Phosphate Binders which meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Phosphate Binder. See Preferred Drug List (PDL) for the list of preferred Phosphate Binders at:
www.providersynergies.com/services/documents/PAM_PDL.pdf
2. A prescription for a preferred or non-preferred Phosphate Binder 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/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>

B. Review of Documentation for Medical Necessity

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

1. For a non-preferred Phosphate Binder, whether the recipient has a history of therapeutic failure, contraindication, or intolerance of the preferred Phosphate Binders.

AND

2. If the prescription for a Phosphate Binder is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines that are set forth in the Quantity Limits Chapter.

OR

3. If 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. Clinical Review Process

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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 a non-preferred Phosphate Binder. If the guidelines in Section B. are met, the reviewer will 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.