

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

1. Requirements for Prior Authorization of Antibiotics, Inhaled

A. Prescriptions That Require Prior Authorization

Prescriptions for non-preferred Antibiotics, Inhaled must be prior authorized. See Preferred Drug List (PDL) for the list of preferred Antibiotics, Inhaled at:

http://www.providersynergies.com/services/documents/PAM_PDL_20100223.pdf

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Antibiotic, Inhaled, the determination of whether the requested prescription is medically necessary will take into account the following:

1. For Cayston, whether the recipient has a diagnosis of cystic fibrosis with pseudomonas aeruginosa

AND

2. For Cayston and all other non-preferred Antibiotics, Inhaled, whether:
 - a. The recipient: has a documented history of therapeutic failure, intolerance, or a contraindication of the preferred Antibiotics, Inhaled

OR

- b. Culture and sensitivity test results document that only non-preferred Antibiotics, Inhaled will be effective
3. For non-preferred Antibiotics, Inhaled, if the request does not meet the clinical review guidelines listed in 1. and 2. above, but in the professional judgment of the physician reviewer, the therapy is medically necessary to meet the medical needs of the recipient

C. 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

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non-preferred Antibiotics, Inhaled. 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.