

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Inhaled Glucocorticoids

A. Prescriptions That Require Prior Authorization

Prescriptions for Inhaled Glucocorticoids that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Inhaled Glucocorticoid, regardless of the quantity prescribed. See Preferred Drug List (PDL) for the list of preferred Inhaled Glucocorticoids at: http://www.providersynergies.com/services/documents/PAM_PDL_20100223.pdf
2. A prescription for a preferred Inhaled Glucocorticoid 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

B. Exemptions From Prior Authorization

The following Inhaled Glucocorticoids are exempt from the requirement for prior authorization when prescribed for children under 8 years of age:

1. Pulmicort Respules (Inhalation)
2. Budesonide Respules (Inhalation)

C.. Review of Documentation for Medical Necessity

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

1. Has a history of therapeutic failure, intolerance, or contraindication of the preferred Inhaled Glucocorticoids

OR

2. 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.

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D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C. above, to assess the medical necessity of the request for a prescription for a non-preferred Inhaled Glucocorticoid. If the guideline in Section C is met, the reviewer will prior authorize the prescription. If the guideline is 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.