

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Ophthalmic Anti-Inflammatories (formerly Ophthalmic Immunomodulators and Ophthalmics, NSAIDs)

A. Prescriptions That Require Prior Authorization

Prescriptions for Ophthalmic Anti-Inflammatories that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Ophthalmic Anti-Inflammatory, regardless of the quantity prescribed. See Preferred Drug List (PDL) for the list of preferred Ophthalmic Anti-Inflammatories at: http://www.providersynergies.com/services/documents/PAM_PDL_2010_0223.pdf
2. A prescription for a preferred Ophthalmic Anti-Inflammatory 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. Review of Documentation for Medical Necessity

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

1. Whether the recipient has a documented history of therapeutic failure, intolerance, or contraindication of the preferred Ophthalmic Anti-Inflammatories

OR

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

In addition, if a prescription for a non-preferred Ophthalmic Anti-Inflammatory 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.

C. Automated Prior Authorization Approvals

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Prior authorization of a prescription for a non-preferred Ophthalmic Anti-Inflammatory will be automatically approved when the PROMISe Point-of-Sale On-Line Claims Adjudication System verifies a record of a paid claim within 30 days prior to the date of service that documents that the guidelines to determine medical necessity listed in Section B. have been met

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 a non-preferred Ophthalmic Anti-Inflammatory. 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.