

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Smoking Cessation Products

A. Prescriptions That Require Prior Authorization

Prescriptions for Smoking Cessation Products that meet the following conditions must be prior authorized.

1. A prescription for a non-preferred Smoking Cessation Product regardless of the quantity prescribed. See Preferred Drug List (PDL) for the list of preferred Smoking Cessation Products at: www.providersynergies.com/services/documents/PAM_PDL.pdf
2. A prescription for a preferred Smoking Cessation Product with a prescribed quantity that exceeds the quantity limit. See Quantity Limits Attachment 1 in the Quantity Limits Chapter 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 non-preferred Smoking Cessation Products, the determination of whether the requested prescription is medically necessary will take into account whether the recipient:

1. Has a documented history of therapeutic failure, a contraindication to or intolerance of the preferred products

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.
3. In addition, if a prescription for either a preferred or non-preferred Smoking Cessation Product 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.. 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 Smoking Cessation Product. 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.