

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Diabetic Meters**

A. Prescriptions That Require Prior Authorization

Prescriptions for Diabetic Meters that meet any of the following conditions must be prior authorized:

1. A prescription for a Diabetic Meter (glucometer) manufactured by a non-preferred manufacturer. See Preferred Drug List (PDL) for the list of preferred manufacturers of Diabetic Meters at:  
[www.providersynergies.com/services/documents/PAM\\_PDL.pdf](http://www.providersynergies.com/services/documents/PAM_PDL.pdf)
2. A prescription for a Diabetic Meter (glucometer) manufactured by either a preferred or non-preferred manufacturer that exceeds one per 365 days

B. Clinical Review Guidelines and Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Diabetic Meter manufactured by a non-preferred manufacturer, the determination of whether the requested product is medically necessary will take into account whether the recipient:

1. Has a documented history of trial and failure of the use of the diabetic meters from the preferred manufacturers' product lines.

OR

2. 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.
3. In addition, if a prescription for a Diabetic Meter manufactured by either a preferred or non-preferred manufacturer 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

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above, to assess the

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medical necessity of the request for a prescription for a non-preferred Diabetic Meter. 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