

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Ulcerative Colitis Agents**

**A. Prescriptions That Require Prior Authorization**

Prescriptions for Ulcerative Colitis Agents that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Ulcerative Colitis Agent regardless of the quantity prescribed. See the Preferred Drug List (PDL) for the list of preferred Ulcerative Colitis Agents at:

[www.providersynergies.com/services/documents/PAM\\_PDL.pdf](http://www.providersynergies.com/services/documents/PAM_PDL.pdf)

2. A prescription for a preferred Ulcerative Colitis Agent 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/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>

**GRANDFATHER PROVISION:** The Department will grandfather prescriptions for non-preferred Ulcerative Colitis Agents for those recipients currently being prescribed a non-preferred Ulcerative Colitis Agent. The PROMISE Point-Of-Sale On-Line Claims Adjudication System will verify if the recipient has a record of a prescription for a non-preferred Ulcerative Colitis Agent within 90 days from the date of service of the new claim. If the recipient has a record of a prescription for a non-preferred Ulcerative Colitis Agent, a prescription or a refill for the same Ulcerative Colitis Agent will be automatically approved.

**B. Review of Documentation for Medical Necessity**

In evaluating a request for prior authorization of a prescription for a non-preferred Ulcerative Colitis Agent, 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 to the preferred Ulcerative Colitis Agents

**AND**

2. For Uceris (budesonide), has a documented history of therapeutic failure, intolerance, or contraindication to oral corticosteroids

**OR**

July 22, 2014  
(Replacing November 1, 2007)

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3. 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
4. In addition, if a prescription for an Ulcerative Colitis Agent 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 medical necessity of the request for a prescription for a non-preferred Ulcerative Colitis Agent. If the guidelines in Section B are met, the reviewer will prior authorize the prescription. When the non-preferred Ulcerative Colitis Agent being prescribed is therapeutically equivalent to other non-preferred Ulcerative Colitis Agents, the reviewer will take into account the cost of the drug, including the Federal Drug Rebate Program rebate. The reviewer will prior authorize a prescription for the least costly, therapeutically equivalent, non-preferred Ulcerative Colitis Agent. If the guidelines are not met, or if the prescriber does not agree to the therapeutically equivalent non-preferred Ulcerative Colitis Agent authorized by the reviewer, 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.

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