

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

Requirements for Prior Authorization of Thalidomide and Derivatives

A. Prescriptions That Require Prior Authorization

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

1. All prescriptions for preferred and non-preferred Thalidomide and Derivatives must be prior authorized. See the Preferred Drug List (PDL) for the list of preferred Thalidomide and Derivatives at: www.providersynergies.com/services/documents/PAM_PDL.pdf

B. Review of Documentation for Medical Necessity

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

1. Has a diagnosis that is:
 - a. Indicated in the FDA-approved package insert,

OR

 - b. Listed in nationally recognized compendia for the determination of medically-accepted indications for off-label uses for Thalidomide and Derivatives

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 evaluating a request for prior authorization of a renewal of a prescription for a Thalidomide and Derivatives that was previously approved, the determination of whether the requested prescription is medically necessary will take into account documentation from the prescribing provider that the recipient had a positive clinical response to the therapy.

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 Thalidomide and Derivative. 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.