

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Non Sedating Antihistamines

A. Prescriptions That Require Prior Authorization

Prescriptions for Non Sedating Antihistamines (NSAs) that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred NSA, regardless of the quantity prescribed. See Preferred Drug List (PDL) Attachment 1 in the PDL Chapter for the list of preferred NSAs.
2. A prescription for a preferred NSA 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.
3. A prescription for Loratadine OTC for a dual eligible, regardless of the quantity prescribed.

EXCEPTION: Prior authorization is not required for prescriptions for Clarinex or Zyrtec for recipients under two (2) years of age when the quantity prescribed is at or below the manufacturer recommended, FDA-approved maximum daily dose.

The PROMISe Point-Of-Sale On-Line Claims Adjudication System will verify the age of the recipient.

B. Review of Documentation for Medical Necessity

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

1. Whether the recipient has a diagnosis of:
 - Rhinitis (allergic perennial or seasonal, vasomotor) or chronic idiopathic urticaria or allergic conjunctivitis

OR

- One of the following diagnoses listed in the pharmaceutical compendia (*United States Pharmacopeia-Drug Information*, *American Hospital Formulary Service Drug Information*, *DRUGDEX Information System*, and *American Medical*

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Association Drug Evaluations): pruritus, urticaria, angioedema, dermatographism, transfusion reactions, urticarial, anaphylactic/anaphylactoid reactions, atopic dermatitis, and asthma.

AND

2. Whether the recipient has a history of therapeutic failure or intolerance of the non-preferred NSAs.

3. For Loratadine OTC for a dual eligible, the following will be taken into account:
 - a. The drug is not being prescribed as part of a Medicare Part D Plan utilization management program, including a step-therapy or prior authorization program

 - b. Whether the MA recipient has a history of therapeutic failure or intolerance of the NSAs on the MA recipient's Medicare Part D Plan formulary

In addition, if a prescription for either a preferred or non-preferred NSA 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

The PROMISe Point-Of-Sale On-Line Claims Adjudication System will verify if the recipient has a record of a prescription for Loratadine or Loratadine-D within the past 180 days. If there is a record of a pharmacy claim for Loratadine or Loratadine-D, the request for prior authorization of a prescription for a non-preferred NSA at or below the quantity limit will be automatically approved. This automated prior authorization approval does not apply to dual eligibles.

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 an NSA. If either of the guidelines in Section B. 1. and the guideline in B. 2. above 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

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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.