Requirements for Prior Authorization of Antiparkinson’s Agents

A. Prescriptions That Require Prior Authorization

Prescriptions for Antiparkinson’s Agents that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Antiparkinson Agent. See Preferred Drug List (PDL) Attachment 1 in the PDL Chapter for the list of preferred Antiparkinson Agents.

2. A prescription for Comtan and the recipient does not have a history of a prescription for Carbidopa/Levodopa.

   The PROMISe Point-Of-Sale On-Line Claims Adjudication System will verify if the recipient has a record of a prescription for Carbidopa/Levodopa within 90 days from the date of service of the new claim. If the recipient has a record of a prescription for Carbidopa/Levodopa, the prescription or a refill for Comtan will be automatically approved.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for Comtan when the recipient does not have a history of a prescription for Carbidopa/Levodopa, or a non-preferred Antiparkinson Agent, the determination of whether the requested prescription is medically necessary will take into account whether the recipient has a history of therapeutic failure of the preferred Antiparkinson Agents.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guideline in Section B. above, to assess the medical necessity of the request for a prescription for a non-preferred Antiparkinson Agent or Comtan. If the guideline in Section B is met, the reviewer will prior authorize the prescription. If the guideline is 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.