

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

Requirements for Prior Authorization of Otic Antibiotic Preparations

A. Prescriptions That Require Prior Authorization

Prescriptions for non-preferred Otic Antibiotic Preparations must be prior authorized. See Preferred Drug List (PDL) Attachment 1 in the PDL Chapter for the list of preferred Otic Antibiotic Preparations.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Otic Antibiotic Preparations, 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 Otic Antibiotic Preparations.

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 Otic Antibiotic Preparation. 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.