

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

Requirements for Prior Authorization of Antiparkinson's Agents

A. Prescriptions That Require Prior Authorization

Prescriptions for non-preferred Antiparkinson's Agents must be prior authorized. See Preferred Drug List (PDL) Attachment 1 in the PDL Chapter for the list of preferred Antiparkinson Agents.

GRANDFATHER PROVISION: The Department will grandfather prescriptions for Mirapex for those recipients currently being prescribed Mirapex. The PROMISe Point-of-Sale On-Line Claims Adjudication System will verify if the recipient has a record of a prescription for Mirapex within 90 days from the date of service of the new claim. If the recipient has a record of a prescription for Mirapex, a prescription or a refill for Mirapex 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 Antiparkinson Agent, the determination of whether the requested prescription is medically necessary will take into account the following:

1. For Mirapex – Whether the recipient has:
 - a. A diagnosis of moderate to severe restless leg syndrome (RLS); AND
 - b. A serum ferritin greater than 50 ug/L; AND
 - c. A history of therapeutic failure of the preferred Antiparkinson Agents; OR
 - d. A documented history of intolerance of or contraindication to the preferred Antiparkinson Agents.
2. For all other non-preferred Antiparkinson's Agents, 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. 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.