

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Beta-Blockers

A. Prescriptions That Require Prior Authorization

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

1. A prescription for a non-preferred Beta Blocker. See Preferred Drug List (PDL) Attachment 1 in the PDL Chapter for the list of preferred Beta Blockers.
2. A prescription for a Beta Blocker 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.

B. Review of Documentation for Medical Necessity

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

1. For Coreg CR – Whether the recipient:
 - i. Has a diagnosis of mild to severe heart failure; OR
 - ii. Is post myocardial infarction with left ventricular ejection fraction \leq 40%; AND
 - iii. Has a history of therapeutic failure of Coreg immediate release
2. For all other non-preferred Beta Blockers, whether the recipient has a history of therapeutic failure of the preferred Beta-Blockers.

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 Beta-Blocker. 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.