

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization Ophthalmic Agents for Glaucoma

A. Prescriptions That Require Prior Authorization

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

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Ophthalmic Agent for Glaucoma, the determination of whether the requested prescription is medically necessary will take into account whether the recipient has a history of therapeutic failure or intolerance of the preferred Ophthalmic Agents for Glaucoma.

C. 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 a non-preferred Ophthalmic Agent for Glaucoma. 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.