

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Meglitinides Hypoglycemics

A. Prescriptions That Require Prior Authorization

Prescriptions for Meglitinides Hypoglycemics that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Meglitinide Hypoglycemic, regardless of the quantity prescribed. See Preferred Drug List (PDL) Attachment 1 in the PDL Chapter for the list of preferred Hypoglycemics, Meglitinides.
2. A prescription for a preferred Meglitinide Hypoglycemic 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.

GRANDFATHER PROVISION: The Department will grandfather prescriptions for Prandin for those recipients currently being prescribed Prandin. The PROMISe Point-Of-Sale On-Line Claims Adjudication System will verify if the recipient has a record of a prescription for Prandin within 90 days from the date of service of the new claim. If the recipient has a record of a prescription for Prandin, a prescription or a refill for Prandin will be automatically approved.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Meglitinide Hypoglycemic, 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 Meglitinide Hypoglycemics.

In addition, if a prescription for either a preferred or non-preferred Meglitinide Hypoglycemic in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

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 Meglitinide

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Hypoglycemic. 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.