

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

Requirements for Prior Authorization of Minimally Sedating Antihistamines

A. Prescriptions That Require Prior Authorization

Prescriptions for Minimally Sedating Antihistamines that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Minimally Sedating Antihistamine, regardless of the quantity prescribed. See the most recent version of the Preferred Drug List (PDL), which includes a list of preferred Minimally Sedating Antihistamines at: www.providersynergies.com/services/documents/PAM_PDL.pdf
2. A prescription for a preferred Minimally Sedating Antihistamine with a prescribed quantity that exceeds the quantity limit. See Quantity Limits for the list of drugs with quantity limits at: <http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>
3. A prescription for an OTC Minimally Sedating Antihistamine for a dual eligible recipient, regardless of the quantity prescribed.

EXEMPTION: Prior authorization is not required for prescriptions for non-preferred Minimally Sedating Antihistamines for recipients under two (2) years of age when the quantity prescribed is at or below the manufacturer recommended, FDA-approved maximum daily dose.

The PROMISe Point-Of-Sale On-Line Claims Adjudication System will verify the age of the recipient.

B. Review of Documentation for Medical Necessity

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

1. Whether the recipient has a history of therapeutic failure or intolerance of the preferred Minimally Sedating Antihistamines.
2. For either a preferred or non-preferred OTC Minimally Sedating Antihistamine for a dual eligible recipient, the following will be taken into account:

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- a. The drug is not being prescribed as a requirement of a Medicare Part D Plan, including a step therapy or prior authorization

AND

- b. Whether the dual eligible recipient has a history of therapeutic failure or intolerance of the Minimally Sedating Antihistamines on the dual eligible recipient's Medicare Part D Plan formulary

AND

3. For a non-preferred OTC Minimally Sedating antihistamine for a dual eligible recipient, a documented history of therapeutic failure or intolerance of the preferred OTC minimally sedating Antihistamines

In addition, if a prescription for either a preferred or non-preferred Minimally Sedating Antihistamine is 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. Automated Prior Authorization Approvals

Prior authorization of a prescription for a non-preferred Minimally Sedating Antihistamine at or below the quantity limits will be automatically approved when the PROMISe Point-Of-Sale On-Line Claims Adjudication System verifies a record of paid claim(s) within 180 days prior to the date of service that documents that the guidelines to determine medical necessity listed in Section B. have been met.

Automated prior authorization does not apply to either a preferred or non-preferred OTC Minimally Sedating Antihistamine when prescribed for a dual eligible recipient.

D. 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 an Minimally Sedating Antihistamine. For a non-preferred Minimally Sedating Antihistamine, if the guidelines to determine medical necessity are met, the reviewer will

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prior authorize the prescription. When the non-preferred Minimally Sedating Antihistamine being prescribed is therapeutically equivalent to other non-preferred Minimally Sedating Antihistamines, the reviewer will take into account the cost of the drug, including the Federal Drug Rebate Program rebate. The reviewer will prior authorize a prescription for the least costly therapeutically equivalent non-preferred Minimally Sedating Antihistamine. If the guidelines are not met, or if the prescriber does not agree to the therapeutically equivalent non-preferred Minimally Sedating Antihistamine authorized by the reviewer, 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.