

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Prenatal Vitamins**

A. Prescriptions That Require Prior Authorization

Prescriptions for non-preferred Prenatal Vitamins must be prior authorized. See Preferred Drug List (PDL) for the list of preferred Prenatal Vitamins at:

[www.providersynergies.com/services/documents/PAM\\_PDL.pdf](http://www.providersynergies.com/services/documents/PAM_PDL.pdf)

B. Review of Documentation for Medical Necessity

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

1. Whether the recipient has a documented history of therapeutic failure, contraindication, or intolerance of the preferred Prenatal Vitamins.

**OR**

2. The recipient does not meet the clinical review guideline listed above, but in the professional judgment of the physician reviewer, the therapy is medically necessary to meet the medical needs of the recipient

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guideline in Section B.1. above to assess the medical necessity of the request for a prescription for a non-preferred Prenatal Vitamin. If the guideline in Section B.1. is met, the reviewer will prior authorize the prescription. When the non-preferred Prenatal Vitamin being prescribed is therapeutically equivalent to other non-preferred Prenatal Vitamins, the reviewer will take into account the cost of the vitamin, including the Federal Drug Rebate Program rebate. The reviewer will prior authorize a prescription for the least costly therapeutically equivalent non-preferred Prenatal Vitamin. If the guidelines are not met, or if the prescriber does not agree to the therapeutically equivalent non-preferred Prenatal Vitamin 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

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of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.