

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Bronchodilators, Anticholinergic

A. Prescriptions That Require Prior Authorization

Prescriptions for non-preferred Anticholinergic Bronchodilators must be prior authorized. See the most recent version of the PDL which includes the list of preferred Anticholinergic Bronchodilators at:

<http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/DoingBusiness/MAPharmProg/>

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Anticholinergic Bronchodilator, 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 of the preferred Anticholinergic Bronchodilators

OR

2. Whether the recipient has a documented history of intolerance or contraindication of the preferred Anticholinergic Bronchodilators

OR

3. In the professional judgment of the physician reviewer, the services are 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 guidelines in Section B. above, to assess the medical necessity of the request for a prescription for an Anticholinergic Bronchodilator. 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.