

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**I. Requirements for Prior Authorization of Bile Salts**

A. Prescriptions That Require Prior Authorization

Prescriptions for Bile Salts that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Bile Salt, regardless of the quantity prescribed. See Preferred Drug List (PDL) for the list of preferred Bile Salts at:  
[http://www.providersynergies.com/services/documents/PAM\\_PDL\\_20100223.pdf](http://www.providersynergies.com/services/documents/PAM_PDL_20100223.pdf)
2. A prescription for a preferred Bile Salt 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/ucmprd/groups/webcontent/documents/document/s\\_002077.pdf](http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/document/s_002077.pdf)

B. Clinical Review Guidelines and Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Bile Salt, 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, intolerance, or contraindication of the preferred Bile Salts
2. In addition, if a prescription for either a preferred or non-preferred Bile Salt 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.

**OR**

3. Whether the recipient does not meet the clinical review guidelines listed above, but, 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

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necessity of the request for a prescription for a non-preferred Bile Salt. 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.