

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Oral Immunosuppressives

a. Prescriptions That Require Prior Authorization

Prescriptions for non-preferred Oral Immunosuppressives must be prior authorized. See the Preferred Drug List (PDL) for the list of preferred Oral Immunosuppressives at <http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/DoingBusiness/MAPharmProg/>

GRANDFATHER PROVISION – The Department will grandfather prescriptions for Oral Immunosuppressives for those recipients currently being prescribed a non-preferred Oral Immunosuppressive if the PROMiSe Point-Of-Sale On-Line Claims Adjudication System verifies a record of payment by the Department for a prescription for a non-preferred Oral Immunosuppressive within the past 90 days from the date of service of the new claim. If there is a record of a prescription for a non-preferred Oral Immunosuppressive, a prescription or a refill for the same Oral Immunosuppressive will be automatically approved.

B. Review of Documentation for Medical Necessity

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

1. Has a documented history of therapeutic failure of a preferred Oral Immunosuppressive

OR

2. Has a documented history of contraindication or intolerance of the preferred Oral Immunosuppressive

OR

3. Has a current prescription (within the past 90 days) for the same non-preferred Oral Immunosuppressive

OR

4. Does not meet the clinical review guidelines listed in 1., 2. or 3. above, but, in the professional judgment of the physician reviewer,

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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. 1., 2. and 3. above, to assess the medical necessity of the request. If a guideline in Section B. 1., 2. or 3. is met, the reviewer will prior authorize the prescription. If none of the guidelines is 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.