

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

1. Requirements for Prior Authorization of Analgesics/Anesthetics, Topical Agents

A. Prescriptions That Require Prior Authorization

Prescriptions for Analgesics/Anesthetics, Topical Agents that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Analgesics/Anesthetics, Topical Agent. See Preferred Drug List (PDL) for the list of preferred Analgesics/Anesthetics, Topical Agents at: http://www.providersynergies.com/services/documents/PAM_PDL_20100223.pdf
2. A prescription for an Analgesic/Anesthetic, Topical Agent 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

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for non-preferred Analgesics/Anesthetics, Topical Agents the determination of whether the requested prescription is medically necessary will take into account the following:

1. For Topical NSAIDs – Whether the recipient has:
 - a. A documented history of therapeutic failure of at least two (2) preferred oral generic NSAIDs **OR**
 - b. A documented history of contraindication or intolerance of the preferred oral generic NSAIDs

AND

- c. A documented history that supports the transdermal formulation as the medically necessary route of administration

AND

- d. A documented history of therapeutic failure or contraindication of the preferred topical NSAID analgesic

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2. For all other non-preferred Analgesics/Anesthetics, Topical Agents – Whether the recipient has a documented history of therapeutic failure, intolerance, or contraindication of the preferred Analgesics/Anesthetics, Topical Agents
3. For Topical NSAIDs and non-preferred Analgesics/Anesthetics, Topical Agents, if the request does not meet the clinical review guidelines listed above but in the professional judgment of the physician reviewer, the therapy is medically necessary to meet the medical needs of the recipient
4. If a prescription for an Analgesics/Anesthetics, Topical Agent 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. 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 non-preferred Analgesics/Anesthetics, Topical Agents. 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.

D. Dose and Duration of Therapy

The Department will limit authorization of a prescription for Flector to no more than 14 days of therapy with a limit of 2 patches per day.

References:

1. Flector[package insert]. Sanbonmatsu, Kagawa, Japan: Teikoku Seiyaku Co., Ltd.; 2007