

MEDICAL ASSISTANCE HANDBOOK  
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

**Requirements for Prior Authorization of Hepatitis B Agents**

A. Prescriptions That Require Prior Authorization

Prescriptions for Hepatitis B Agents that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Hepatitis B Agent. See Preferred Drug List (PDL) Attachment 1 in the PDL Chapter for the list of preferred Hepatitis B Agents.
2. A prescription for a Hepatitis B Agent with a prescribed quantity that exceeds the quantity limit. See Quantity Limits Attachment 1 in the Quantity Limits Chapter for the list of drugs with quantity limits.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Hepatitis B Agent, the determination of whether the requested prescription is medically necessary will take into account whether the recipient has a documented history of therapeutic failure, contraindication or intolerance of the preferred Hepatitis B Agents

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 a non-preferred Hepatitis B Agent. 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.