I. Requirements for Prior Authorization of Glucocorticoids, Oral

A. Prescriptions That Require Prior Authorization

Prescriptions for Glucocorticoids, Oral that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Glucocorticoids, Oral, regardless of the quantity prescribed. See Preferred Drug List (PDL) for the list of preferred Glucocorticoids, Oral at: www.providersynergies.com/services/documents/PAM_PDL.pdf

2. A prescription for a preferred Glucocorticoid, Oral 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. Clinical Review Guidelines and Review of Documentation for Medical Necessity

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

1. Has a history of therapeutic failure, contraindication or intolerance to the preferred Glucocorticoids, Oral

OR

2. Does not meet the clinical review guidelines listed above, but, in the professional judgment of the physician reviewer (a psychiatrist), the services are medically necessary to meet the medical needs of the recipient.

3. In addition, if a prescription for either a preferred or non-preferred Glucocorticoid, Oral 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 a Glucocorticoid, Oral. 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.