

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Irritable Bowel Syndrome Agents

A. Prescriptions That Require Prior Authorization

Prescriptions for Irritable Bowel Syndrome Agents that meet any of the following conditions must be prior authorized:

1. A prescription for a preferred or non-preferred Irritable Bowel Syndrome Agent regardless of the quantity prescribed. See the Preferred Drug List (PDL) for the list of preferred and non-preferred Irritable Bowel Syndrome Agents at:
www.providersynergies.com/services/documents/PAM_PDL.pdf
2. A prescription for an Irritable Bowel Syndrome 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/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Irritable Bowel Syndrome Agent, 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 laxatives, fiber supplementation, osmotic agents, bulking forming agents, and glycerin or bisacodyl suppositories

AND

2. For a non-preferred Irritable Bowel Syndrome Agent, has a history of therapeutic failure, contraindication or intolerance to the preferred Irritable Bowel Syndrome Agents

OR

3. Does not meet the clinical review guidelines listed above but, in the professional judgment of the physician

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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 guideline in Section B. above to assess the medical necessity of the request for a prescription for an Irritable Bowel Syndrome 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.

D. References

1. Amitiza prescribing information, November 2012
2. Linzess prescribing information, August 2012
3. World Gastroenterology Organization Global Guideline: Irritable bowel syndrome: a global perspective. 2009, April 20
4. Management of chronic constipation in adults. UpToDate, accessed April 5, 2013