

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Alzheimer's Agents

A. Prescriptions That Require Prior Authorization

Prescriptions for Alzheimer's Agents that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Alzheimer's Agent. See Preferred Drug List (PDL) for the list of preferred Alzheimer's Agents at:
www.providersynergies.com/services/documents/PAM_PDL.pdf.
2. A prescription for an Acetylcholinesterase Inhibitor when there is a record of a recent paid claim for another Acetylcholinesterase Inhibitor in PROMISE, the Department's Point-of-Sale On-Line Claims Adjudication System (therapeutic duplication).

GRANDFATHER PROVISION: The Department will grandfather prescriptions for non-preferred Alzheimer's Agents when the PROMISE Point-Of-Sale On-Line Claims Adjudication System verifies that the recipient has a record of a paid claim for a non-preferred Alzheimer's Agent within 90 days from the date of service of the new claim. If the recipient has a record of a paid claim for a non-preferred Alzheimer Agent, a prescription or a refill for the same Alzheimer's Agent will be automatically approved.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Alzheimer's Agent, the determination of whether the requested prescription is medically necessary will take into account the following:

1. For a non-preferred Alzheimer's Agent, whether the recipient has a history of therapeutic failure, contraindication, or intolerance of the preferred Alzheimer's Agents.
2. For therapeutic duplication, whether:
 - a. The recipient is being titrated to, or tapered from, another Acetylcholinesterase Inhibitor

OR

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- b. Supporting peer reviewed literature or national treatment guidelines corroborate concomitant use of the medications being requested

OR

- 3. Whether the recipient does not meet the clinical review guidelines listed above, but, in the professional judgment of the physician 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 guidelines in Section B. above, to assess the medical necessity of the request for a prescription for an Alzheimer's 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.