

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of HIV/AIDS Medications

A. Prescriptions That Require Prior Authorization

Prescriptions for HIV/AIDS Medications that meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred HIV/AIDS medication. See Preferred Drug List (PDL) for the list of preferred HIV/AIDS medications at:
www.providersynergies.com/services/documents/PAM_PDL.pdf
2. A prescription for a Non-Nucleoside Reverse-Transcriptase Inhibitor (NNRTI) when there is a record of a recent paid claim for another NNRTI in PROMISe, the Department's Point-of-Sale On-Line Claims Adjudication System (therapeutic duplication).
3. A prescription for a Protease Inhibitor when there is a record of a recent paid claim for another Protease 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 HIV/AIDS medications when the PROMISe Point-Of-Sale On-Line Claims Adjudication System verifies that the recipient has a record of a paid claim for the same non-preferred HIV/AIDS medication within the past 90 days from the date of service of the new claim. If the recipient has a record of a paid claim for the same non-preferred HIV/AIDS medication, a prescription or a refill for the same non-preferred HIV/AIDS medication will be automatically approved.

B. Review of Documentation for Medical Necessity

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

1. Has a documented history of therapeutic failure, contraindication, intolerance, or lab test results showing resistance to the preferred HIV/AIDS medications

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OR

2. Has a current history (within the past 90 days) of being prescribed the same non-preferred HIV/AIDS medication

OR

3. For therapeutic duplication, whether:
 - a. For an NNRTI, the recipient is being titrated to, or tapered from, another NNRTI
 - b. For a Protease Inhibitor, the recipient is being titrated to, or tapered from, another Protease Inhibitor

OR

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

OR

4. Does not meet the clinical review guideline listed above, but in the professional judgment of the physician reviewer, the therapy is 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 HIV/AIDS medication. 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.